

Case Number:	CM14-0180090		
Date Assigned:	11/04/2014	Date of Injury:	08/19/2007
Decision Date:	01/09/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old male with an injury date of 08/19/07. As per 09/15/14 progress report, the patient complains of lower back pain, rated at 6/10, radiating to the lower extremities. Physical examination reveals tender trigger points over his low back, buttocks and upper spine with muscle twitch points. There is decreased sensation at L4-5 bilaterally. The patient received trigger point injections on 07/14/14 and on 09/15/14, as per the progress report dated 09/15/14. Medications include Ambien, Lidoderm patch, Neurontin, Ativan, and Norco, as per the same progress report. Diagnoses, 09/15/14: 1) Status post anterior and posterior lumbar fusions, 2) Myofascial pain syndrome, 3) Multiple cardiac risk factors, 4) Severe sleep apnea, 5) Status post left carpal tunnel release, 6) Status post right carpal tunnel release. The treater is requesting for Gabapentin 600 mg # 90. The utilization review determination being challenged is dated 10/01/14. The rationale was "Although the pain radiates, there is no confirmation that it is neuropathic via a nerve conduction study (NCS) or by finding sensory deficient, weakness or muscle atrophy." Treatment reports were provided from 04/23/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 600 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18, 19.

Decision rationale: This patient is status post anterior and posterior lumbar fusions, left carpal tunnel release, and right carpal tunnel release (no surgery dates provided). The patient complains of lower back pain, rated at 6/10, radiating to the lower extremities, as per progress report dated 09/15/14. The request is for Gabapentin 600 mg # 90. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Neurontin was first noted in progress report dated 04/23/14. The patient has received the medication consistently since then. In the latest progress report dated 09/15/14, the treater states that Neurontin was "dispensed for neuropathic pain." The treater also states that the patient is "tolerating his medications." The patient has lower back pain radiating to the lower extremities. There is also carpal tunnel syndrome, for which neurontin may be indicated. However, the treater does not document any efficacy with regards to improvement in pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.