

Case Number:	CM14-0188727		
Date Assigned:	11/19/2014	Date of Injury:	04/06/2009
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 and Rehabilitation 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 injured worker (IW) is a 50-year-old female who sustained a work injury on 4/6/2009 while lifting a patient. She is status post micro-lumbar decompression L5/S1 on 5/30/13. The treating physician report dated 9/4/14(103) indicates the claimant complains of persistent upper back and lower back pain with referred pain into the lower extremities bilaterally R>L. The IW reports no significant changes since her last evaluation. Medications include Norco 10/325 mg 3 times daily, Flexeril 7.5 mg once daily, Gabapentin 600 mg 1-2 a day, Senna, Nexium, Advil/Aleve prn. Physical exam findings reveal mild antalgic gait, decreased lumbar range of motion, decreased sensation lower extremities, positive SLR bilaterally, and normal motor exam lower extremities. She is planning to proceed with aquatic therapy. The current diagnoses are:1. Status Post micro lumbar decompression R L5/S1 on 5/30/13.2. Lumbar radiculopathy.The utilization review report dated 11/6/14 denied the request for Gabapentin 600mg #60 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18, 49.

Decision rationale: The injured worker presents with chronic upper and lower back pain with associated pain into the lower extremities bilaterally. The current request is for Gabapentin 600 mg #60. The medical records indicate that the injured worker has been taking Gabapentin since at least the date of the 7/16/14 report. The MTUS guidelines indicate that Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which 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. They are not recommended for myofascial pain. The continued use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. MTUS guidelines also indicate that a treatment trial for Gabapentin is 3-8 weeks for titration, then 1-2 weeks at max tolerated dosage. The patient should be asked at each visit if there has been a change in pain or function. There is no evidence from the treating physician which would indicate that the injured worker has made objective functional gains or had a moderate or good response with respect to her pain levels while using Gabapentin. The request is not medically necessary.