

Case Number:	CM14-0188837		
Date Assigned:	11/19/2014	Date of Injury:	01/17/2007
Decision Date:	01/07/2015	UR Denial Date:	10/03/2014
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 Internal Medicine, has a subspecialty in Hospice Palliative Care and is licensed to practice in Pennsylvania. 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 is a 59-year-old gentleman with a date of injury of 01/17/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/02/2014, 07/30/2014, 09/24/2014 indicated the worker was experiencing lower back pain, left knee pain that sometimes went into the ankle, left ankle pain that sometimes went into the toes, left leg numbness with a tingling and/or burning feeling, left shoulder pain with weakness, and occasional problems sleeping due to pain. Pain medications with other on-going treatments decreased the worker's pain intensity from 7-9/10 to 5/10. Documented examinations contained minimal assessments but described lower back tenderness with spasm. The submitted and reviewed documentation concluded the worker was suffering from post-traumatic complex regional pain syndrome, myofascial pain, insomnia, leg sprain/strain, and lower back pain with radiculopathy. Treatment recommendations included oral and topical pain medications, medication to protect the gut, heat therapy, a home exercise program with stretching, regular review of a signed controlled substances agreement, and acupuncture for the abnormal left leg sensations. A Utilization Review decision was rendered on 10/02/2014 recommending non-certification for ninety tablets of Gabapentin 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed documentation indicated the worker was experiencing lower back pain, left knee pain that sometimes went into the ankle, left ankle pain that sometimes went into the toes, and left leg numbness with a tingling and/or burning feeling, among other issues. The worker's oral and topical pain medications with other on-going treatments decreased the worker's pain intensity from moderate-to-severe or severe to the moderate level. The reviewed records concluded the worker was experiencing lower back pain with lumbar radiculopathy, among other conditions. While the documented examinations recorded minimal objective assessments, the description of the worker's symptoms supports this conclusion, at least preliminarily. Moderate pain intensity tends to limit function to a significant extent. The worker's functional limitations were described as less than when the intensity was severe without medications and other treatments, but remained considerable. The MTUS Guidelines support the use of treatments to maximize function. In light of this supportive evidence, the current request for ninety tablets of Gabapentin 100mg is medically necessary. Future documentation would be expected to demonstrate change in pain and function at each visit, especially during the dose adjustment phase as supported by the Guidelines, and documented examinations should be consistent with the presence of neuropathy.