

Case Number:	CM14-0189468		
Date Assigned:	11/24/2014	Date of Injury:	07/13/2010
Decision Date:	05/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 07/13/2010. The injured worker was diagnosed as having lumbar radiculopathy, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, moderate mixed bipolar disorder, disorder of the coccyx, and degenerative of intervertebral disc. Treatment to date has included physical therapy, medication, epidural steroid injections, and psychiatric treatment. In a progress note dated 09/30/2014 the treating provider reports chronic, sharp, shooting, throbbing pain to the low back and coccyx region that radiates to the right lower extremity and is rated an eight to nine out of ten. The injured worker also notes associated symptoms of numbness and tingling to the bilateral lower extremities, depression, anxiety, and feeling stressed. The treating physician requested the medication Gabapentin noting that this medication along with other previously prescribed medication have assisted in pain reduction by about half and have allowed the injured worker to continue in activities of daily living. The medications listed are Klonopin, Lidoderm, Lithium, Naproxen and Gabapentin. A Utilization Review determination was rendered recommending non certification for Gabapentin 300m #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the OD guidelines recommend that anticonvulsant medications can be utilized for the treatment of radiculopathy and chronic pain syndrome associated with psychosomatic symptoms. The records indicate subjective and objective findings consistent with lumbar radiculopathy. There is associated diagnosis of mood disorder. There is documentation of functional restoration with the use of Gabapentin. There is no reported adverse effect or non compliance issues. The criteria for the use of Gabapentin 300m #120 2 Refills was met and therefore is medically necessary.