

Case Number:	CM14-0191106		
Date Assigned:	11/24/2014	Date of Injury:	02/01/2006
Decision Date:	03/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old male who reported an injury on 02/01/2006. The mechanism of injury reportedly occurred when the injured worker was installing play equipment. His diagnoses included post lumbar laminectomy syndrome. Past treatments were noted to include work modifications. Diagnostic studies included an MRI of the lumbar spine, performed on 08/04/2014, which was noted to reveal bilateral neural foraminal stenosis and central spinal stenosis and multilevel degenerative changes. On 11/18/2014, the patient complained of lumbar pain rated at a 6/10, radiating into the left leg. The physical examination revealed the bilateral lower limbs were warm to touch, reflexes were 2+ at the bilateral patellae and 1+ at the bilateral Achilles, negative straight leg raise and slump on the right, equivocal straight leg raise on the left with back pain, positive right thigh pain, positive slump on the left, motor strength normal, and sensation intact. Current medications were noted to include Norco 10/325 mg and gabapentin 600 mg. The treatment plan included medication refill. A request was received for gabapentin powder #120. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Powder Qty #120.00 D/S: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines indicated that a good response to the use of AEDs has been defined as a 30 to 50% reduction in pain. The clinical information indicated that the injured worker has been taking gabapentin for an unspecified amount of time. However, there was no documentation with evidence of a 30 to 50% reduction in pain with use of the medication. In addition, the request as submitted indicates the need for gabapentin in powder form. However, there was no clear rationale to warrant the use of powder form as opposed to tablets. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Gabapentin Powder Qty #120.00 D/S: 15 is not medically necessary.