MAXIMUS Federal Services

Case Number:	CM14-0193046		
Date Assigned:	11/26/2014	Date of Injury:	02/08/2010
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Pain Management and 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 55 year old male with an injury date on 02/08/2010. Based on the 09/30/2014 progress report provided by the treating physician, the diagnoses are: 1. Failed back syndrome/intractable lower back pain. 2. Status post lumbar spine decompression and fusion incomplete fusion3. Radiculitis bilateral lower extremities/neuropathic pain 4. Thoracic strain 5. Facet syndrome thoracic spine6. Cervical degenerative joint disease, multi level. 7. Cervical disc herniations multi-level 8. Right intercostal neuralgia affecting T10 and T11 based on physical examination.9. Depression/anxiety According to this report, the patient complains of "marked increased in pain over the past month with level 10/10 pain, worse with prolonged sitting and standing. He has had increasing depression secondary to his chronic pain and disability." Physical exam reveals tenderness and spasm over the cervical/thoracic and lumbar paraspinal musculatures. Straight leg raise test is positive, bilaterally. Diminished sensation is noted at L3 and L4 nerve root distributions. The 10/07/2014 report indicates patient's pain is a 7/10 that is intermittent and sharp with constant dullness, radiation down both legs. There were no other significant findings noted on this report. The utilization review denied the request for Gabapentin 600 mg #30; 1 tablet by mouth b.i.d. with 1 Refill on 10/22/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/23/2014 to 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #30; 1 tablet by mouth b.i.d. with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: According to the 09/30/2014 report, this patient presents with "marked increased in pain over the past month with level 10/10 pain." Per this report, the current request is for Gabapentin 600 mg #30; 1 tablet by mouth b.i.d. with 1 Refill. This medication was first mentioned in the 06/10/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicate that the patient has lower extremity neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial. The request for Gabapentin is not medically necessary.