MAXIMUS Federal Services

Case Number:	CM14-0197342		
Date Assigned:	12/05/2014	Date of Injury:	04/07/1997
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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:

This is a 64 year old male with a work related injury dated 04/07/1997 after hitting the back of his neck on an overhead rack upon standing up. A 10/27/2014 report noted he complained of low back pain and neck pain. The physical examination revealed Tenderness in the C4, C5, and C6, Paraspinal spasms, trigger points in the trapezius, mild limitation of range of motion of the cervical spine; tenderness of the L4 and L5, spasms of the lumbar paraspinal area, trigger points at the L4 and L5, Limited lumbar range of motion. The injured worker has been diagnosed of low back pain, neck pain, post traumatic headache, cervical degenerative disc disease, myofascial pain, and lumbosacral spine degenerative joint disease cervical strain, fibromyalgia, chronic lumbar strain, left shoulder strain, Gastritis secondary to NSAIDS. Previous treatments include cetirizine, Gabapentin, Hyoscine sulfate, Lunesta, Meloxicam, Olanzaprine, Levothyroxine, physical therapy, and injections. Work status is not noted on received medical records. On 11/11/2014, Utilization Review modified the request for Gabapentin 600mg #90 with 3 refills to Gabapentin 600mg #90 with 0 refills citing California Medical Treatment Utilization Schedule Guidelines. The Utilization Review physician stated that the injured worker continues to complain of chronic low back and neck pain and has a condition for which the use of Gabapentin is considered medically appropriate, however, the medical necessity for 3 refills of this medication is not clear. None of the notes indicate the pain relief and functional relief obtained with this medication. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 72, 75 and 80-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Mental Illness, Antidepressant Medication.

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

Decision rationale: The injured worker sustained a work related injury on 04/07/1997. The medical records provided indicate the diagnosis of low back pain, neck pain, post traumatic headache, cervical degenerative disc disease, myofascial pain, and lumbosacral spine degenerative joint disease cervical strain, fibromyalgia, chronic lumbar strain, left shoulder strain, Gastritis secondary to NSAIDS. Previous treatments include cetirizine, Gabapentin, Hyoscine sulfate, Lunesta, Meloxicam, Olanzaprine, Levothyroxine, physical therapy, and injections. The medical records provided for review do not indicate a medical necessity for Gabapentin 600mg #90 with 3 refills. The MTUS recommends the use of the antipileptics in the treatment of neuropathic pain. The MTUS recommends either switching to a different first-line agent or combining with another first line agent if the response to treatment is less than 30% (evidenced by documentation of pain relief and improvement in function). Since the medical records did not provide the magnitude of level of improvement, or the character of the pain (necessary in determining whether the pain is neuropathic or not), the requested treatment is not medically necessary and appropriate.