

Case Number:	CM14-0200415		
Date Assigned:	12/10/2014	Date of Injury:	08/22/2011
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 29-year-old female with a 8/22/11 date of injury. At the time (10/13/14) of request for authorization for Gabapentin 300mg SR #60, there is documentation of subjective (low back pain radiating to bilateral lower extremities) and objective (tenderness over paralumbar muscle and spasm) findings, current diagnoses (cervical sprain/strain, status post lumbar spine surgery, and bilateral hip sprain/strain), and treatment to date (medications (including ongoing treatment with Norco, Colace, and Omeprazole)). There is no documentation of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg SR #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) page Page(s): 16, 18.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). Within the medical information available for review, there is

documentation of diagnosis of cervical sprain/strain, status post lumbar spine surgery, and bilateral hip sprain/strain. However, despite documentation of pain, there is no (clear) documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 300mg SR #60 is not medically necessary.