

Case Number:	CM14-0202589		
Date Assigned:	12/15/2014	Date of Injury:	12/08/2006
Decision Date:	03/16/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial related injury on 12/8/06. The injured worker had complaints of neck and back pain with muscle spasms. Bilateral lower extremity tingling, numbness, and pain intermittently into bilateral feet was noted. Prescriptions included Norco, Soma, and Naproxen. An electromyogram obtained on 8/18/14 was noted to have revealed right S1 radiculopathy and distal symmetric polyneuropathy. Treatment included anterior cervical fusion on 8/9/12. Diagnoses included cervical stenosis, lumbar radiculopathy, lumbar stenosis, status post left L4-5 and L5-S1 laminotomy, and status post anterior cervical discectomy and fusion at C3-4, C4-5, C5-6, and C6-7. The treating physician requested authorization for Gabapentin 600mg #60. On 11/21/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medication records stated the injured worker had trialed Gabapentin with no noticeable changes. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for neuropathic pain (both by history and physical findings and confirmed by PNCV) with evidence of improved pain control and function with use of the medication. Gabapentin is medically indicated.