

Case Number:	CM14-0206522		
Date Assigned:	12/18/2014	Date of Injury:	02/21/2006
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 02/21/2006. The date of the Utilization Review under appeal is 12/02/2014. This patient's diagnoses include multilevel degenerative disc disease as well as central stenosis and neural foraminal stenosis at L4-5 and L5-S1. On 08/01/2014, the patient was seen for Qualified Medical Examination and was felt to have cervical spondylosis with radicular pain in the left upper extremity, lumbar spondylosis with multilevel degenerative disc disease, and multilevel disc herniations at L3-L4 through L5-S1. The patient was noted to have ongoing numbness and tingling in his feet and ongoing pharmacological management was recommended into the future. The initial physician review recommended noncertification of gabapentin given that the most recent clinical note was from 01/14/2014 and there was not a more current narrative note to document subjective and objective findings consistent with neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Gabapentin CAP 400mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medications recommends gabapentin for neuropathic pain. This guideline recommends that the records should document the effectiveness of pharmacological management and its side effects. This patient underwent a very detailed Qualified Medical Examination on 08/01/2014 which notes the patient's ongoing gabapentin use, recommends long-term pharmacological treatment, and documents very specific neuropathic diagnoses and neuropathic symptoms. In this situation the guidelines have been met. This request is medically necessary.