

Case Number:	CM14-0211193		
Date Assigned:	12/24/2014	Date of Injury:	06/04/2012
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 44 year old male who was injured on 6/4/12 involving his low back while pushing a wheelchair. He was diagnosed with low back pain, knee pain, and lumbar disc degeneration. He was treated with surgery (lumbar), medications, and home exercises. He was later diagnosed with lumbar postlaminectomy syndrome. On 11/21/14, the worker was seen by his treating provider reporting low back pain with radiation to left leg/hip/foot rated 7/10 on the pain scale. He also reported numbness of the left leg/foot. She reported using Voltaren with 40% decrease in pain, Flexeril with no decrease in spasm, and Norco with a 45% decrease in pain. He reported exercising at home as tolerated which helps. He reported not having seen the orthopedic surgeon, which was recommended to him. Physical findings included antalgic gait, no tremor, normal mood, no distress, and forward flexed body posture. He was then recommended to trial gabapentin, which had not been tried before this date, and stop the Flexeril due to lack of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 300mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. In the case of this worker, although there was subjective evidence suggestive of neuropathy, there was not any recent documentation showing objective evidence of neuropathy via physical examination in the prior few office visits, which would be required before considering a trial of gabapentin at least for the purpose of documenting a baseline for both symptoms and physical findings to compare after the trial. Therefore, the gabapentin will be considered medically unnecessary until this is done.