

Case Number:	CM15-0001523		
Date Assigned:	01/12/2015	Date of Injury:	10/16/2012
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61 year old male mechanic injured at work on 16 Oct 2012. He was diagnosed as having lumbar strain and lumbar disc disease with radiculopathy. At his last visit (29 Sep 2014) he complained of low back pain (4-5/10) radiating into left lower extremity and which worsened with walking, sitting and standing. On exam he had decreased sensation in his left thigh and tenderness to touch in the left lower back and over the left sacroiliac joint. His joints had normal range of motion. Lumbar x-rays (Oct 2012) showed multilevel degenerative disc space narrowing. Lumbar MRI (29 Nov 2012) showed multilevel degenerative disc disease with L5-S1 lateral disc herniation. Lumbar MRI (7 May 2013) showed multilevel spondylosis resulting in mild central canal stenosis L3-4 and L4-5, and moderate bilateral foraminal stenosis at L3-S1. Treatment has included lumbar epidural steroid injections (helpful), physical therapy, home exercise program and medications (ibuprofen, Robaxin, Percocet). He has been classified as permanent and stationary and is not able to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Gabapentin Page(s): 16-9, 49, 113.

Decision rationale: Gabapentin (Neurontin) is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. A response to anti-epileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. Studies looking at the efficacy of gabapentin suggests when used with opioids, patients used lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). This patient has been diagnosed with lumbar degenerative disc disease with associated radiculopathy, ie neuropathic pain. Adding this medication to this patient's treatment follows the MTUS guideline. Medical necessity has been established.