MAXIMUS Federal Services

Case Number:	CM15-0007670		
Date Assigned:	01/29/2015	Date of Injury:	11/25/2011
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This 63 year old female sustained a work related injury on 11/25/2011. According to a progress noted dated 12/16/2014, the injured worker complained low back tightness and ache predominantly on the left side with intermittent to frequent radiation into the left leg to the posterior calf with episodes of tingling, numbness, sharp and shooting pain into the leg. Current medications included Atenolol 25mg once a day, Diazepam 5mg as needed approximately two to three times per week, Ibuprofen 600mg as needed approximately 6 to 10 times per month and Gabapentin 300 mg one every h.s. (bedtime). Diagnoses included lumbar disc syndrome per MRI, lumbar facet syndrome per MRI, history of lumbar radiculitis and lumbar sprain/strain with chronic myofascial pain. Gabapentin was noted in the treatment plan. The provider noted that the injured worker could titrate to two every bedtime and three every bedtime as tolerated. The injured worker was to return to for follow up in one month to evaluate the effectiveness of Gabapentin.On 01/05/2015, Utilization Review non-certified Gabapentin 300mg 1 tab orally every hour of sleep #60. According to the Utilization Review physician, the request is not 1 tab orally every hour of sleep. It is up to three times for the night. The requested Gabapentin 300mg 1 tab orally, up to 3 per night #60 was not medically necessary. Guidelines cited for this request included CA MTUS Chronic Pain Medical Treatment Guidelines pages 16-17, 18-19, Anti-epilepsy drugs. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilespy drugs Page(s): 16-19.

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

Decision rationale: According to the 12/16/2014 report, this patient presents with "frequent-to-constant low back tightness and ache predominantly on the left side with intermittent to frequent radiation into the left leg to the posterior calf." The current request is for Gabapentin 300mg #60. The patient's work status is "deferred to the primary physician." Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."The medical reports provided indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. In this case, the patient has been prescribed Gabapentin since 10/23/2014. However, the treating physician did not provide discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request IS NOT medically necessary.