MAXIMUS Federal Services

Case Number:	CM15-0008484		
Date Assigned:	01/26/2015	Date of Injury:	07/24/2011
Decision Date:	03/13/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 35 year old, female patient, who sustained an industrial injury on 07/24/201. A QME follow up visit dated 05/21/2014 reported initial complaints of low back pain after having fallen off a chair at work. The injured worker also with history of prior industrial accident and settlement in 2010. She did undergo radiography testing and received pain injections along with oral analgesia. She then developed neck pain and thoracic pain approximately 2 months after injury which progressed to developing parasthesias into the right ahnd. She is noted having had changed providers and under went some chiropractic treatment which helped temporarily. In addition, she participated in acupuncture session which offered no relief. The patient has been on modified work duties. On 01/07/2015 Utilization Review non-certified a request for Gabapentin, noting the CA MTUS Chronic Pain medical Treatment Guidelines was cited. The injured worker submitted an application for independent medical review of services on 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 100 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). In this case, the injured worker's working diagnoses are unspecified myalgia and myositis; neck sprain and strain; thoracic sprain and strain; and lumbar sprain and strain. Subjectively, the injured worker complains of low back pain 6/10. She denies any numbness or tingling in the lower extremity. Objectively, the injured worker complains of tenderness palpation in the cervical and lumbar paraspinal muscle groups. Motor and sensory examination are normal. The documentation does not contain any neuropathic or signs. Additionally, there are no medications documented in the 12 page medical record. There was a single progress note the medical record dated May 21, 2014 and it is unclear whether the injured worker through the present has used gabapentin. Consequently, absent clinical documentation with ongoing medications and neuropathic signs symptoms (an indication for gabapentin), gabapentin 100 mg #60 is not medically necessary.