

Case Number:	CM15-0101631		
Date Assigned:	06/04/2015	Date of Injury:	01/09/2013
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old male, who sustained an industrial injury on 01/09/2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/29/2015 the injured worker has reported low back pain that radiates to the right lower extremity. Pain was associated with sharp shooting and stabbing pain with tingling and numbness in right leg. Neck pain radiated to the right upper extremity with associated tingling and numbness. On examination, spasms were noted in the lumbar paraspinal muscle and stiffness in the lumbar spine, antalgic gait noted on the right. Tenderness was noted in the right lumbar facet joints. The diagnoses have included clinically consistent lumbar radiculopathy, low back pain, sacroiliitis, lumbar facet pain and bilateral carpal tunnel syndrome. Treatment to date has included medication. The provider requested Gabapentin 300 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Gabapentin (Neurontin). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Anti-epilepsy drugs (AEDs) for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". There is no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin 300 mg #60 is not medically necessary.