

Case Number:	CM15-0104705		
Date Assigned:	06/09/2015	Date of Injury:	08/23/2010
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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 52 year old male, who sustained an industrial injury on August 23, 2010. He reported lifting a roll of fabric and felt a sharp pain to his low back. The injured worker was diagnosed as having lumbar radiculitis, lumbar sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, right wrist sprain/strain, left wrist sprain/strain, and right knee sprain/strain. Treatment to date has included acupuncture treatments, x-rays, MRIs, physical therapy, massage therapy, polysomnogram, and medication. Currently, the injured worker complains of low back pain, right shoulder pain, left shoulder pain, right wrist pain, left wrist pain, right knee pain, left knee pain, right hand pain, and left hand pain. The Secondary Treating Physician's report dated March 13, 2015, noted tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles with muscle spasms of the paravertebral muscles. The treatment plan was noted to include medications prescribed including a compounded topical medication and dispensed Tramadol, and a urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no clear evidence that the patient has a neuropathic pain. Furthermore, there are no controlled studies or evidence that Gabapentin is effective in back pain. There is no documentation of efficacy of previous use of Gabapentin. Therefore, the prescription of Gabapentin 100% 180 gm is not medically necessary.