

Case Number:	CM15-0016555		
Date Assigned:	02/04/2015	Date of Injury:	07/02/2014
Decision Date:	04/17/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/28/2015

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: Family Practice

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 25-year-old male injured worker suffered and industrial injury on 7/2/2014. The diagnoses were lumbar spondylosis and lumbar radiculopathy. The diagnostic studies were magnetic resonance imaging, x-rays, and electromyography. The treatments were medications, chiropractic with limited range of motion in the lumbosacral spine. The treating provider reported lower back pain 8/10 with radiation of the pain into both buttocks and posterior legs. Also, the injured worker complained of cervical pain. The Utilization Review Determination on 1/10/2015 non-certified Gabapentin 600mg #30, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16-17.

Decision rationale: Based on guidelines Gabapentin is recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. According to the medical records there is no indication as to why gabapentin is needed and thus not medically necessary.