

Case Number:	CM15-0130473		
Date Assigned:	07/16/2015	Date of Injury:	03/09/1995
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 03/09/1995. He has reported injury to the neck, bilateral shoulders, mid and upper back, bilateral knees, bilateral feet/ankles, and low back. The diagnoses have included low back pain; status post L5 hemilaminotomy with medial foraminotomies and medial facetectomy and L4-5 discectomy; status post contusion left calf with post-traumatic fibrosis; status post multiple falls with bilateral shoulder, rib, and right knee injuries; and fibromyalgia. Treatments have included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Voltaren, Gabapentin, Cymbalta, Tizanidine, and Omeprazole. A progress report from the treating physician, dated 02/10/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in his lumbar spine; and he continues to have radicular symptoms in his bilateral lower extremities. Objective findings included he uses a cane and has an antalgic gait, secondary to lumbar spine pain; positive bilateral straight leg raise in the lumbar spine with diffuse tenderness to palpation; and he is neurovascularly intact in the bilateral lower extremities. The treatment plan has included the request for Gabapentin tablets 600mg 3 times a day #90. A 61 page AME report and associated documents were also reviewed. The injured worker reported low back pain and left lower extremity radicular symptoms, as well as pain to multiple other body areas. In an incomplete ADL questionnaire, the injured worker reported that he could only lift light objects, and was unable to climb a flight of stairs, sit for two hours, stand/walk 30 minutes to an hour.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin tablets 600mg 3 times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Part 2 Pain Interventions and Treatments, Antiepilepsy drugs (AEDs), Functional improvement measures Page(s): 11; 16-19; and 48 of 127.

Decision rationale: MTUS recommends antiepilepsy drugs (AEDs) for treatment of neuropathic pain. However, there has been no documented symptomatic or functional improvement associated with chronic use of gabapentin in this case. In addition, the most recent documented evaluation by the primary treating physician was approximately 6 months ago. MTUS states: "Duration of the treatment shall be consistent with the definition of chronic pain as set forth in Section 9792.20(c) and page 1 of these guidelines, and the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition. The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the Introduction of these guidelines at page 8. With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailoring medications and dosages to the individual taking into consideration patient-specific variables such as co-morbidities, other medications, and allergies." The physician shall be "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient" as stated in these guidelines at page 7 of the Introduction. Clinical judgment shall be applied to determine frequency and intensity and "selection of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8." MTUS also states: "The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007)" Due to lack of documented symptomatic or functional improvement with use of gabapentin and lack of documented recent evaluation by the treating physician, medical necessity is not established for the requested gabapentin per MTUS recommendations.