

Case Number:	CM15-0133563		
Date Assigned:	07/21/2015	Date of Injury:	08/01/2012
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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 (IW) is a 46 year old female who sustained an industrial injury on 08/01/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbar disc disease, post op lumbar discectomy, lumbar radicular symptoms, and depressive symptoms. Treatment to date has included acupuncture, diagnostic testing and medications. Currently, the injured worker complains of constant low back and left leg pain with burning, aching and throbbing. She has tingling, numbness and paresthesia in left leg. Prolonged sitting and standing make the pain worse and lying down makes it feel better. She rates the pain as a 5-7 on a scale of 0-10. On exam, she has no focal weakness. There is equivocal weakness of the left foot eventers. Stretch reflexes of the knee and ankle were symmetric, and sensory exam of the lower limbs was equivocal. She had slight blunting to pain on the left leg in the L5/S1 distributions. Right-sided straight leg raise is 50-60 degrees, and left sided straight leg raise is 20-30 degrees. The plan of care includes medication refills. A request for authorization was made for Gabapentin 600mg #90 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 x 3 refills: Upheld

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

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 was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of gabapentin 600mg #90 with 3 refills is not medically necessary.