

Case Number:	CM15-0138760		
Date Assigned:	07/28/2015	Date of Injury:	08/05/2011
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year-old female, who sustained an industrial injury on 08/05/2011. She has reported injury to the right arm, bilateral wrists, right leg, and low back. The diagnoses have included carpal tunnel syndrome; chronic low back pain; and acquired spondylolisthesis. Treatment to date has included medications, diagnostics, functional restoration program, physical therapy, and home exercise program. Medications have included Buprenorphine sublingual troches, Gabapentin, and Cyclobenzaprine. A progress report from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic lower back pain with intermittent radiation into right lower extremity; pain is made worse with extended period of walking or sitting; pain is made better with rest and medication; she does utilize Buprenorphine and Gabapentin when needed; she utilizes these on an intermittent basis and is usually able to make medications last for several months; she continues to utilize the medication with ongoing pain relief as well as functional benefit; she continues with exercise and physical therapy; and she is unable to complete a significant amount of the exercises and her therapist did recommend her for pool therapy. Objective findings included near ideal body weight; she does not exhibit acute distress or pain; no edema or tenderness palpated in any extremity; and there is normal muscle tone without atrophy in the bilateral upper extremities and the bilateral lower extremities. The treatment plan has included the request for Gabapentin 600mg #60, date of service: 05/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Gabapentin 600mg #60 DOS 5/14/15: Upheld

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

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

Decision rationale: This 50 year old female has complained of right arm pain, wrist pain, right leg pain and low back pain since date of injury 8/5/11. She has been treated with physical therapy, functional restoration program and medications to include Gabapentin since at least 03/2015. The current request is for Gabapentin, 600 mg DOS 5/14/15. Per the MTUS guidelines cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, retrospective Gabapentin 5/14/15 is not medically necessary.