MAXIMUS Federal Services

Case Number:	CM15-0144104		
Date Assigned:	08/05/2015	Date of Injury:	06/30/2004
Decision Date:	09/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old female, who sustained an industrial injury on 06-30-2004. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic lumbar myofascial pain, radiculitis with L3-L4 lumbar disc involvement, status post artificial disc replacement at L4-L5 with anterior posterior fusion at L5-L6, left greater than right lumbosacral radiculopathy, bilateral foot pain (radicular versus peripheral neuropathy), recent exacerbation of low back and lower extremity pain with concurrent abdominal pain, chronic pain, and insomnia due to chronic pain. Treatment and diagnostics to date has included lumbar spine surgery, use of medications, and lumbar spine MRI dated 04-01-2015 which showed lumbar fusion at L4-5, 4mm right paracentral disc protrusion at T12-L1, and transitional lumbosacral anatomy. In a progress note dated 04-16-2015, the injured worker reported continued low back pain that extends down into the lower extremity causing pain and tingling. Objective findings included tenderness in the lumbar paraspinal musculature with taut muscle bands and has hypoesthesia along the L3-L4 dermatomal pattern. The treating physician reported requesting authorization for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG Twice A Day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: Per the guidelines, gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. Gabapentin is not medically necessary.