

Case Number:	CM15-0147742		
Date Assigned:	08/10/2015	Date of Injury:	03/28/2000
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This injured worker is a 47-year-old female who reported an industrial injury on 3-28-2000. Her diagnoses, and or impression, were noted to include: lumbar post-laminectomy syndrome; lumbar radiculopathy due to "DID". No current imaging studies were noted. Her treatments were noted to include: diagnostic studies; lumbar laminectomy surgery; and medication management. The progress notes of 3-12-2015 reported a re-evaluation of persistent and increasing lower back pain that radiated to the left lower extremity, was aggravated by activities, and relieved by medications; and hypersensitivity down the left leg that was very painful to light touch, for which she was using Gabapentin twice a day to try to manage the pain. She stated that she was not getting better. Objective findings were noted to include: an absent left ankle reflex; decreased strength in the anterior tibialis with decreased sensation in the left lumbosacral region; interspersed areas of hypersensitivity; and positive left straight leg raise. The physician's requests for treatments were noted to include the continuation of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg, thirty count with two refills: Upheld

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

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. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 100mg #30 with 2 refills is not medically necessary.