

Case Number:	CM15-0148109		
Date Assigned:	08/11/2015	Date of Injury:	04/26/2011
Decision Date:	09/28/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 4-26-11. He has reported initial complaints of a low back injury working as a bus driver. The diagnoses have included post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar facet syndrome and history of cervical and lumbar laminectomy. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, acupuncture, chiropractic, neurologist care and other modalities. Currently, as per the physician progress note dated 7-14-15, the injured worker complains of low back pain that radiates down the left leg rated 4 out of 10 on the pain scale with medications and 9 out of 10 without medications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, X-ray of the lumbar spine and electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Norco and Gabapentin. The failed medications included Lyrica, MS Contin, OxyContin and Gabapentin. There is a urine drug screen dated 6-16-15 that is consistent with the medications prescribed. The objective findings- physical exam reveals that he has an antalgic gait and is assisted by a cane. The lumbar spine range of motion is restricted with flexion limited to 50 degrees and extension limited to 5 degrees limited by pain. Upon palpation of the lumbar paravertebral muscles there is hypertonicity, tenderness, and trigger point bilaterally. The injured worker cannot walk on heels or toes and lumbar facet loading is positive on both sides. The light touch sensation is decreased over both sides. The physician requested treatment included Gabapentin 300mg capsule #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg capsule SIG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient was injured on 04/26/11 and presents with low back pain. The request is for Gabapentin 300mg capsule SIG, #90. The RFA is dated 07/21/15 and the patient is not currently working. The patient has been taking this medication as early as 01/26/15. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain". MTUS page 60 also states, A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has an antalgic gait, is assisted by a cane, has a restricted lumbar spine range of motion, and upon palpation of the lumbar paravertebral muscles, there is hypertonicity, tenderness, and trigger point bilaterally. He is diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar facet syndrome, and history of cervical and lumbar laminectomy. On 01/26/15, the patient rated his pain as a 4/10 with medications and an 8/10 without medications. The 03/24/15 report indicates that he rates his pain as an 8/10. The 05/19/15 report states that the patient rates his pain as a 7/10 with medications and a 10/10 without medications. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater does not specifically discuss how Gabapentin impacted the patient's pain and function. Due to lack of documentation, the request is not medically necessary.