

Case Number:	CM15-0149202		
Date Assigned:	08/12/2015	Date of Injury:	02/15/2008
Decision Date:	09/15/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii

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 37 year old male who sustained an industrial injury on February 15, 2008. The employed noted employed as a service technician who fell during work with resulting injury. A pain management follow up visit dated December 01, 2014 reported subjective complaint of neck pain radiating down bilateral upper extremities and aggravated by activity and ambulation: low back pain constant radiating down the left lower extremity accompanied with numbness, tingling and weakness: lower extremity pain; left hip pain. He states "it feels as if I'm sitting on a rock on the left side causing pain down the leg when pushed on. He states having difficulty getting medications and that current regimen working better although Lidoderm still not authorized. He reports a 70% improvement in pain with this medication regimen along with noted improved function as evidenced by improved grooming ability, performing hobbies, improved quality of life. Objective findings showed lumbar spine with spasm at L3-S1 and tenderness upon palpation in the bilateral paravertebral area. Range of motion to the lumbar spine noted moderately to severely limited and pain noted with increase upon flexion and extension. There is tenderness found upon palpation of the right anterior shoulder. The following diagnoses were applied: lumbar disc displacement; lumbar radiculopathy; status post disc replacement; right shoulder pain; chronic pain, other; history of seizure with abrupt sensation of medication, rule out piriformis syndrome. CURES report consisted with prescribed. Previous failed medications: hydrocodone, Tyleno0l, Flexeril, Ambien, Baclofen, Butrans patches, Colace, Gabapentin, ibuprofen, Glucosamine chondroitin, Lidoderm patches, Lunesta< MS Contin, Naprosyn, Naproxen, Norco, omeprazole, Oxycodone, Percocet, Prozac, Senokot-S,

Tizanidine, Tramadol, Tramadol ER, Vicodin, Voltaren gel, Zanaflex. He is currently not working. He is to continue with current medications consisting of: Senokot-S, Lidoderm patches %5, Butrans patches 20mcg, and Percocet 10mg, 325mg. A recent primary treating office visit dated June 18, 2015 reported the working taking Naproxen, Gabapentin, Glucosamine and Flexeril which he feels are helping. He is not attending therapy at this time and not working. Objective findings showed tenderness about the paraspinal muscle of the thoracic and lumbar spine. He walks with a noted limp. Range of motion showed flexion to 35 degrees and extension to 10 degrees, rotation is 40 degrees bilaterally and tilt is 20 degrees bilaterally. He was diagnosed with: status post L5-S1 disc replacement surgery on April 28, 2014; right shoulder strain with bursitis, compensatory; left shoulder impingement syndrome with acromioclavicular joint pain and possible labral tear, compensatory secondary to fall; left rib cage contusion with laceration secondary to fall status post medication stoppage; adjustment disorder with mixed anxiety and depressed mood; insomnia and dental pain secondary to having a dry mouth caused by MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

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

Decision rationale: The patient presents with neck, bilateral shoulder, back and buttock, and left calf and left foot pain. The current request is for Gabapentin 600 mg, #90, 3 refills. The treating physician states that the patient's medications were "helping" and the patient was not attending physical therapy. The MTUS guidelines state, "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". "Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended". In this case, there is no documentation provided of objective functional improvement from gabapentin usage. MTUS on page 60 requires that the physician document pain and function for chronic medication usage. The current request is not medically necessary.