

Case Number:	CM15-0160466		
Date Assigned:	08/26/2015	Date of Injury:	12/10/2013
Decision Date:	10/13/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 28 year old female with a date of injury on 12-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, thoracic spondylosis, pain in thoracic spine, sciatica and bilateral chondromalacia patella. Medical records (5-6-2015 to 6-15-2015) indicate ongoing back pain rated eight to nine out of ten. She reported that her pain improved to four out of ten with Norco. She also complained of popping and pain in her right posterior knee. Per the treating physician (6-3-2015), the employee was working modified duty. The physical exam (5-6-2015 to date) reveals moderate tenderness to palpation over the mid and lower thoracic paraspinal muscles. There was mild tenderness to palpation over the lumbar spine. There was mild tenderness to palpation over the right knee. Treatment has included physical therapy, knee brace and medications. Current medications (6-3-2015) included Norco, Diazepam and Eszopiclone. The original Utilization Review (UR) (7-20-2015) denied a request for Gabapentin.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Justification for its use was not substantiated. Gabapentin is not medically necessary.