

Case Number:	CM15-0164297		
Date Assigned:	09/01/2015	Date of Injury:	04/06/2000
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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, New York
 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 51 year old male sustained an industrial injury to the low back on 4-6-00. Magnetic resonance imaging lumbar spine (9-25-03) showed intact lumbar fusion with foraminal stenosis at L3-4 and L4-5. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, epidural steroid injections, lumbar fusion and medications. Recent treatment consisted of medication management. In a progress note dated 2-2-15, the injured worker complained of ongoing low back pain rated 5 out of 10 on the visual analog scale. The injured worker worked part time, had good sleep and performed daily activities. The treatment plan included continuing Norco, Neurontin and Naproxen Sodium and continuing home exercise and transcutaneous electrical nerve stimulator unit. In a progress note dated 7-20-15, the injured worker complained of persistent low back pain, rated 5 out of 10, with radiation down the legs and numbness of bilateral feet. The injured worker continued to work part time, have good sleep and perform daily activities. Physical exam was remarkable for mild tenderness to palpation to the left paraspinal area and right trochanteric area and moderate tenderness to palpation to the left buttocks and left trochanteric area with limited range of motion, 5 out of 5 lower extremity strength and decreased sensation the left foot. Discogenic stress maneuvers produced pain. Current diagnoses included chronic low back pain with L5 and S1 radicular pain, lumbar failed back surgery syndrome, status post lumbar laminectomy and lumbar fusion, lumbar spine severe degenerative disc disease and neuroforaminal stenosis and right greater trochanteric bursitis. The treatment plan included continuing medications (Norco, Neurontin and Naproxen Sodium) and continuing home exercise and transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

Decision rationale: The request is considered medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient was diagnosed with radicular pain and had decreased pain and improved functioning with medications. The patient's pain had decreased to 4-5/10. The patient was being weaned to lower dosage. Because of improvement, it is considered medically necessary at this time.