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| Case Number: | CM15-0164758 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 09/15/2004 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/11/2015 |
| 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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 67 year old female who reported low back pain after an injury on 9-15-04. The recent diagnoses have included chronic lumbar pain and lumbar degenerative disc disease. Treatment has included a lumbar epidural injection, massage therapy, a functional restoration program, physical therapy, Lidoderm and gabapentin. Per the PR2 dated 6-1-15, there was severe back pain. The last office visit was four years ago, with interim medical treatment including radiation therapy and surgery for apparent non-industrial conditions. The injured worker requested refills on Lidoderm and gabapentin (which she used for sleep). There was low back tenderness, spasms and limited lumbar flexion. The treatment plan included gabapentin 300mg #30, Lidoderm, massage therapy, and "unable to work" work status. As of 7/30/15, the injured worker was reporting better sleep with gabapentin. The low back pain was better with massage. The work status was unchanged. On 8/11/15 Utilization Review non-certified gabapentin, noting the lack of neuropathic pain. Note was made of insufficient medical record support for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 300mg #30 (dos 6/30/15): 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): Anti-epilepsy drugs (AEDs).

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain, and the diagnoses are for non-specific low back pain, which is not neuropathic pain. The gabapentin was apparently prescribed for sleep, which is not a standard indication for gabapentin. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Work status has remained as "totally disabled" while gabapentin was prescribed, indicating a failure of treatment from a functional perspective. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of specific symptomatic and functional benefit from its use to date, and the prescribing for an unorthodox indication.