

Case Number:	CM15-0180334		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2011
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 36 year old male sustained an industrial injury on 4-25-11. Documentation indicated that the injured worker was receiving treatment for low back pain with bilateral lower extremity symptoms. Previous treatment included chiropractic therapy and medications. In a PR-2 dated 4-9-15, the injured worker complained of low back pain with radiation to bilateral lower extremities, rated 7 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the lumbar spine with spasms, "limited" range of motion due to pain and positive bilateral straight leg raise. Current medications included Tramadol ER, Norco, Naproxen Sodium and Omeprazole. The injured worker reported having a recent diagnosis of gastritis after gastrointestinal upset even with a proton pump inhibitor. The physician noted that first line oral antiepileptic drugs (Gabapentin and Lyrica) had been successful in reducing neuropathic pain but failed due to side effects including nausea and lethargy. Trials of SSRI's and analgesics had not reduced neuropathic pain. The physician stated that topical Gabapentin had resulted in a decrease in burning pain by an average of 5 points on a 10 point scale with improved standing and walking tolerance by 30%. The treatment plan included Gabapentin 6 Percent in Base 300 Grams Apply 3 Grams 3-4 Times Daily with 3 Refills. On 9-2-15, Utilization Review noncertified a request for retrospective Gabapentin 6 Percent in Base 300 Grams Apply 3 Grams 3-4 Times Daily with 3 Refills Dispensed on 4-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 6 Percent in Base 300 Grams Apply 3 Grams 3-4 Times Daily with 3 Refills Dispensed on 4/9/15: 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): Antiepilepsy drugs (AEDs), Topical Analgesics.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic 2011 injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Retro Gabapentin 6 Percent in Base 300 Grams Apply 3 Grams 3-4 Times Daily with 3 Refills Dispensed on 4/9/15 is not medically necessary and appropriate.