

Case Number:	CM15-0181917		
Date Assigned:	09/23/2015	Date of Injury:	09/16/2011
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina

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

The injured worker is a 64 year old male who sustained an industrial injury on 9-16-2011. The medical records indicate that the injured worker is undergoing treatment for lumbosacral neuritis, sacroiliitis, and lumbar-lumbosacral disc degeneration. According to the most recent progress report dated 1-27-2015, the injured worker presented with complaints of decreased lumbar spine pain. On a subjective pain scale, he rates his pain 3 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the right lumbar facets, right sacroiliac joint, right buttocks, right lumbosacral region, and right lateral hip. Straight leg raise is positive on the right. Range of motion is restricted and painful. The current medications are Tizanidine and Gabapentin. He reports 50% benefit with Gabapentin; he is able to walk longer distance with its use. There is documentation of ongoing treatment with gabapentin since at least 2014. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, ice, moist heat, physical therapy, massage therapy, TENS unit, functional restoration program, and epidural steroid injections. Work status is described as permanent and stationary. The original Utilization Review (9-10-2015) had non-certified 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 capsule 300mg #180 refill 6: Overturned

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: According to the cited MTUS, anti-epilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, the most recent treating provider notes from 9-16-2015 stated that he had a 50% reduction in pain with gabapentin use and is able to walk longer distance. His next follow up is scheduled for two months and is within an appropriate timeframe for reassessment. Therefore, gabapentin capsule 300mg #180 refill 6 is medically necessary and appropriate.