

Case Number:	CM15-0182375		
Date Assigned:	09/23/2015	Date of Injury:	09/24/2014
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male, who sustained an industrial-work injury on 9-24-14. He reported initial complaints of low back pain. The injured worker was diagnosed as having low back pain, left sacroiliitis, and axial low back pain, left lumbar facet arthropathy, lumbar radiculopathy, and depression. Treatment to date has included medication, and home exercise program. Currently, the injured worker complains of continued axial and radicular low back pain. There are increased left sided radicular symptoms with burning. There are also complaints of neck and arm pain. His medications are listed as Lidocaine ointment, Voltaren gel, and Motrin. Per the primary physician's progress report (PR-2) on 7-24-15, vital signs were stable, antalgic gait, forward flexion at 80 degrees, extension at 5 degrees. The Request for Authorization requested service to include Gabapentin 300mg, per 7/24/15 order Qty: 90.00. The Utilization Review on 8-27-15 denied the request for Gabapentin 300 mg due to lack of documentation to support pain reduction and functional improvement, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, per 7/24/15 order Qty: 90.00: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in September 2014 when, while carrying heavy rocks, he developed low back pain with left thigh numbness. He continues to be treated for low back pain with left lower extremity radicular symptoms. When seen, he was having increasing left-sided radicular symptoms with burning. He was continuing to have axial back pain. He was performing a home exercise program. Physical examination findings included an antalgic gait. His body mass index was over 30. He had decreased left lower extremity strength and sensation with positive straight leg raising. Authorization is being requested for a trial of gabapentin to treat his radicular symptoms. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with initiation of an appropriate medication trial. The request was medically necessary.