

Case Number:	CM15-0184475		
Date Assigned:	09/24/2015	Date of Injury:	06/29/2012
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old male who sustained an industrial injury on June 29, 2012. Supporting documentation showed on March 17, 2015 Tramadol Acetaminophen 37.5mg and 325mg dispensed and Lidoderm patch prescribed. Primary follow up March 17, 2015 reported subjective complaint of "low back pain constant radiating, burning sensation to left lower groin, left leg and knee." The following diagnoses were applied to this visit: lumbar degenerative disc disease; ischial tuberosity; myofascial pain; hypertension, and lumbar radiculopathy. There is request for authorization for Lidopatch 5% and Tramadol 37.5mg and 325mg #60. Primary treating follow up dated July 20, 2015 reported subjective complaint of "low back pain constant radiating, burning sensation to left lower groin, left leg and knee." He states "using Lidoderm patches and a transcutaneous nerve stimulating unit." His mood is noted "poor and no suicidal ideation," "doesn't want to leave house at time." He did not complete acupuncture. The plan of care is noted with a trial of Gabapentin, continue Tramadol and Lidopatch, and participate in 10 acupuncture sessions for the lumbar back. A primary treating visit dated August 22, 2014 reported subjective complaint of "low back pain constant radiating, burning sensation to lower extremity." "Testicular pain comes and goes increases with sitting." "Constant improvement with medications." Transcutaneous nerve stimulator "is helpful." He states "Lidoderm patches helpful, also takes Diclofenac as needed." Of note, "the patient declined lumbar epidural steroid injection." There is prior request for Tramadol and Acetaminophen, Lidoderm patches and Colace. On July 20, 2015, a request was made for Gabapentin 100mg #60 which was non-certified due to guidelines MTUS state that Gabapentin is an option to treat peripheral

neuropathic pain. A trial is an option for the diagnoses of complex regional pain syndrome; however, this case, the use of Gabapentin does not adhere to the guidelines, as the treating diagnoses are non-applicable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 7/20/15): Gabapentin 100mg #60: 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).

Decision rationale: Retro (DOS 7/20/15): Gabapentin 100mg #60 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Gabapentin is considered as a first-line treatment for neuropathic pain. The guidelines state that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation is not clear that Gabapentin has provided significant evidence of increase in function therefore this request is not medically necessary.