

Case Number:	CM15-0184518		
Date Assigned:	09/25/2015	Date of Injury:	08/07/2007
Decision Date:	11/02/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/19/2015

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: Arizona, California

Certification(s)/Specialty: 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 60-year-old male, who sustained an industrial injury on 8/7/2007. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include lumbar sprain-strain, radiculitis, thoracic degenerative disc disease, and lumbar disc disease. Currently, he complained of ongoing low back pain with radiation to right lower extremity. On 8-14-15, the physical examination documented lumbar tenderness. Current medication included Norco and Gabapentin for at least six months. The medical records documented titration of Gabapentin was initiated 3-7-15. The current dose and frequency was not clearly documented in the submitted medical records to start at 100mg AM and PM and 600mg before bed up to 300mg AM and PM to 600mg before bed. The most current dose was documented on 6-20-15, as Gabapentin 200mg AM, PM, and 40mg before bed. The appeal requested authorization for Gabapentin 300mg #60. The Utilization Review dated 8-29-15 denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #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): Anti-epilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have the stated conditions approved for Gabapentin use but pain score response and trend were not noted to justify continued use. As a result, the continued use of Gabapentin is not medically necessary.