

Case Number:	CM15-0185916		
Date Assigned:	10/23/2015	Date of Injury:	10/03/2002
Decision Date:	12/04/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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 69 year old male who sustained an industrial injury on October 3, 2002. Medical records indicated that the injured worker was treated for low back pain. His medical diagnoses include chronic residual lumbar pain status post multilevel lumbar fusion with revisions, lumbar muscular and myofascial pain and chronic opiate therapy. In the provider notes dated from August 5, 2015 the injured worker states "that he has been doing well in terms of his lumbar pain symptoms." He states he has pain with lifting, bending and activity. The pain improves with rest, heat, exercise, stretching and medications. On exam, the documentation stated that there was no tenderness over the thoracic paraspinal muscles. There was moderate tenderness over the lumbar paraspinal muscles with no asymmetry, masses or effusions. His gait was normal and sensation was intact. The treatment plan is for medication management, ice and heat therapy, stress and weight reduction and home exercise program. He is currently taking oxycodone, tizanidine and Gabapentin, which have been prescribed since at least 2002. A Request for Authorization was submitted for lumbar spine Gabapentin 800 mg #60. The Utilization Review dated August 25, 2015 denied the request for Gabapentin 800 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 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): Pregabalin (Lyrica), Antiepilepsy 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 not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended and was used with Lyrica (another anti-epileptic not indicated for lumbar pain). Gabapentin is not medically necessary.