MAXIMUS Federal Services

Case Number:	CM15-0192401		
Date Assigned:	10/06/2015	Date of Injury:	03/04/2011
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 70-year-old female who sustained an industrial injury on 3-4-2011. Diagnoses have included knee pain, hip pain, low back pain, sacroiliac pain, lumbar spinal degenerative disc disorder, and lumbar radiculopathy. Documented treatment includes physical therapy "with minimal relief," H-wave therapy with "good relief," right knee support brace, medications including Celebrex, Lidoderm, Cymbalta, and Gabapentin "for Neuropathic pain," stated to enable the injured worker to perform "many activities." Documentation shows she has been using Gabapentin for at least one year. With medications she is stated to walk 30 minutes. Without medication, she can walk for 0 to 10 minutes. She can sit and stand 30 minutes as well, while without medication she can sit for less than 10 minutes and stand less than 5 minutes. The injured worker continues to report low back pain radiating down both lower extremities, and on 9-9-2015 the physician noted she walked with a right-sided slow, unsteady gait, tenderness over the sacroiliac joint muscles, positive straight leg raising on the right at 10 degrees while sitting, and positive FABER and Gaenslen's tests. The treating physician's plan of care includes Gabapentin 300 mg #90, but this was denied on 9-14-2015. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Gabapentin 300mg #90 is not medically necessary.