

Case Number:	CM15-0192740		
Date Assigned:	10/06/2015	Date of Injury:	05/15/2013
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on May 15, 2013. A clinical encounter dated April 22, 2015 reported chief complaint of: "follow up and medication management." "Everything is about the same." He has completed a course of physical therapy and states "I don't know if it helped me or not." There is mention of Botox injections with denials. There is a pending scheduled pain management consultation. Current medications listed: Duloxetine, Gabapentin 300mg and 800mg, Lorazepam, Omeprazole, Percocet, and Senokot. The assessment noted: cervical post laminectomy syndrome; cervicogenic headache; late effect of traumatic injury to brain; spondylosis without myelopathy; degeneration of thoracic intervertebral disc. Primary follow up dated May 18, 2015 reported subjective complaint of: "people are watching him," walking with a cane; he states that "Buspar is helping." He has complaint of "pain, numbness, and cramping." He also states "horrible sleep on Lunesta." In June 02, 2015 at follow up the plan of care noted beginning tapering Lorazepam with a daily maximum of two: continue Cymbalta at 60mg; discontinue Lyrica; off Gabapentin; Taper Oxycodone, use Aleve three tabs daily; tramadol three tabs daily and continue Omeprazole; Dendracin trial for local pain. Again, on June 15, 2015 the plan of care was with recommendation to taper-discontinue Oxycodone with note of "no new prescription of this medication." Nucynta trial; discontinue Gabapentin and continue Buspar; Lorazepam taper ongoing as tolerated, and request for psychiatric assistance. Orthopedic follow up dated July 09, 2015 medication regimen consisted of: Buspirone, Gabapentin, Lorazepam, Nucynta, Omeprazole, and Senna. On August 28, 2015 a request was made for Gabapentin 800mg #90 that was noncertified by Utilization Review on September 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90: Upheld

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

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

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2013 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 800mg #90 is not medically necessary and appropriate.