

Case Number:	CM15-0200523		
Date Assigned:	10/15/2015	Date of Injury:	04/02/2013
Decision Date:	11/25/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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 55 year old male who sustained an industrial injury on 4-2-2013. A review of medical records indicates the injured worker is being treated for low back pain, lumbar thoracic radiculopathy, chronic pain syndrome, post laminectomy syndrome lumbar, and muscle spasms. Medical records dated 9-23-2015 noted lower back pain. Pain is worsened with activities of daily living. Medications help him get through the day. Pain with medication was rated a 6-7 out of 10 and without a 9 out of 10. Pain was slightly worse when compared to the prior visit. Physical examination noted difficulties with range of motion of the L-S spine due to pain. There was lumbar tenderness noted. Treatment has included physical therapy, flexeril, Gabapentin, and tramadol (Gabapentin since at least 4-1-2015). Utilization review form dated 10-6-2015 noncertified Gabapentin 300mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: 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: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was record of only collective reductions in pain by 10-20% with the collective use of all the medications used, including gabapentin at the dose requested. There was no found report which stated how effective the gabapentin was at reducing symptoms independent of the other medications used. Also, it is unclear as to why multiple doses are being requested and taken (400 mg TID and 300 mg TID). Therefore, based on the factors above, this request for gabapentin is not medically necessary at this time.