

Case Number:	CM15-0206821		
Date Assigned:	10/23/2015	Date of Injury:	09/29/1994
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania, Ohio, 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 66 year old female, who sustained an industrial injury on 9-29-94. The injured worker was being treated for low back pain, severe bilateral arthritic hip joints, right hip joint degeneration and multiple spondylosis with severe spinal stenosis. On 9-24-15, the injured worker complains of continued neck, low back and right hip pain. She notes Norco brings pain down from 10 out of 10 to 8 out of 10. She also notes symptoms of restless leg syndrome. Work status is noted to be working full time. Objective findings on 7-29-15 noted right leg shorter than left and difficulty with cervical flexion and extension and on 9-24-15 revealed injured worker in no acute distress in a wheelchair and has no clonus with reflex of Achilles reflex bilaterally. Treatment to date has included oral medications including Norco 10-325mg and Motrin 800mg, wheelchair for mobility. The treatment plan included refilling of Norco and Motrin and a sample of Horizant was given for restless leg syndrome (previously given Gabapentin at one point for the same). On 10-20-15 request for Horizant was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Horizant (Gabapentin) sample given Qty: 1.00: 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: MTUS discusses neuropathic pain as a common off-label indication for Gabapentin. The records in this case do document neuropathic pain for which Gabapentin may be indicated. Moreover, the records document a plan to issue an initial sample of Gabapentin as well as a prescription for additional medication. However, this current request is not for approval of the prescription but rather for approval of the sample; as the sample is, per federal law, a free item for which a patient or insurer may not be charged, the rationale for this request is not clear. Moreover, a request for approval of a subsequent prescription would require discussion of the efficacy and any side effects with reference to the initial prescription trial. Also any medication request should state the dosage and quantity requested. For these reasons, at this time the request as written is not medically necessary. However, this denial should not preclude a future request with the stated additional information.