

Case Number:	CM15-0209516		
Date Assigned:	10/28/2015	Date of Injury:	03/07/2014
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 03-07-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy, lumbar stenosis, left rotator cuff tear, left shoulder bursitis and impingement syndrome, right hip sacroiliac joint sprain and severe right hip degenerative joint disease. Treatment has included Gabapentin (since at least 04-15-2015), Naproxen, Tramadol, Cyclobenzaprine, multiple sessions of physical therapy, chiropractic therapy and acupuncture. Subjective complaints (07-29-2015, 08-26-2015 and 09-24-2015) included constant achy low back, left shoulder and right hip pain and decreased sensation globally in the right lower extremity. The worker reported being unable to drive or walk due to right hip pain. Objective findings (07-29-2015, 08-26-2015 and 09-24-2015) included decreased range of motion of the low back, left shoulder and right hip, tenderness of the lumbar paravertebral muscles, left shoulder and right sacroiliac joint, muscle spasm of the lumbar paravertebral muscles and right sacroiliac joint, positive straight leg raise on the left, positive Neer's and Hawkin's of the left shoulder and positive Fabere's of the right hip. The physician noted that a right hip replacement was being requested and that Gabapentin was being continued to manage and alleviate pain. There was no documentation of pain ratings before and after use of Gabapentin or any evidence of significant pain relief or objective functional improvement with use. A utilization review dated 10-06-2015 non-certified a request for Gabapentin 600 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #60: 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: The requested Gabapentin 600mg, #60, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has low back, left shoulder and right hip pain and decreased sensation globally in the right lower extremity. The worker reported being unable to drive or walk due to right hip pain. Objective findings (07-29-2015, 08-26-2015 and 09-24-2015) included decreased range of motion of the low back, left shoulder and right hip, tenderness of the lumbar paravertebral muscles, left shoulder and right sacroiliac joint, muscle spasm of the lumbar paravertebral muscles and right sacroiliac joint, positive straight leg raise on the left, positive Neer's and Hawkin's of the left shoulder and positive Fabere's of the right hip. The physician noted that a right hip replacement was being requested and that Gabapentin was being continued to manage and alleviate pain. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg, #60 is not medically necessary.