

Case Number:	CM15-0020309		
Date Assigned:	02/09/2015	Date of Injury:	07/09/2002
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male who sustained an industrial injury on 07/09/02. He reports pain in his neck, upper and lower back and both shoulders. Treatments to date include medications. Diagnoses include chronic low back pain with radicular symptoms, chronic multilevel lumbar degenerative disc disease and lumbar disc herniation, chronic left shoulder pain with probable rotator cuff tear, chronic left cubital tunnel syndrome, chronic cervical pain, and chronic right shoulder pain. In a progress noted dated 11/21/14 the treating provider reports the treatment plan includes continued Norco, gabapentin, baclofen, and Elavil. On 01/09/15, utilization review non-certified gabapentin, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin 600mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The injured worker has a history of chronic pain in his neck, shoulders, and upper and lower back. The MTUS guidelines cited recommend anti-epilepsy drugs (AEDs), such as gabapentin, for treatment of neuropathic pain with the goal of at least a 50% reduction in pain. If there is a 30% or less reduction in pain, then it is recommended to change the gabapentin to another first-line agent, or initiate a combination therapy. Although the injured worker has been on gabapentin for multiple years with documented neuropathic pain and efficacy of treatment, there is need for ongoing timely documentation of pain relief and functional improvement. The request for gabapentin 600 mg #90 with 3 refills would not allow for timely reassessment of efficacy, and therefore, is not medically necessary.