

Case Number:	CM15-0021765		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2013
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old male, who sustained an industrial injury on April 17, 2013. He has reported a fall through a sky light landing 20 feet below on metal stairs. He sustained a comminuted right mandibular fracture and minimally displaced C7 transverse process fracture. The diagnoses have included chronic pain due to multiple injuries, bilateral shoulder pain, bilateral knee pain, right knee meniscal tear, cervical degenerative disc disease, thoracic degenerative disc disease, lumbar degenerative disc disease, status post right mandibular fracture with open reduction internal fixation, insomnia secondary to chronic pain, depression/anxiety due to chronic pain and sternal region pain. Treatment to date has included surgery, diagnostic studies and medications. Currently, the injured worker complains of bilateral shoulder, chest wall, thoracic, knee, lower back and heel pain. He described the pain as deep, aching, burning and radiating. He has increased pain in his lower back causing interference with sleep. He rated his pain as a 10 on a 1-10 pain scale. On January 12, 2015 Utilization Review non-certified Gabapentin 300mg #90, noting the CA MTUS Guidelines. On February 5, 2015, the injured worker submitted an application for Independent Medical Review for review of Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, “Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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”. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 300mg, #90 is not medically necessary.