

Case Number:	CM15-0220036		
Date Assigned:	11/13/2015	Date of Injury:	12/10/2013
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 12-10-2013. The injured worker is being treated for status post extraforaminal discectomy L3-4 and L4-5 on the left, 2015 Treatment to date has included surgical intervention (extraforaminal discectomy L3-4 and L4-5 on the left, 2015), medications and physical therapy. He stopped physical therapy due to pain. Per the only medical record submitted, the Orthopedic Reevaluation dated 6-02-2015 the injured worker presented for reevaluation 3 and one-half months status post extraforaminal discectomy. He reported that overall, he is doing worse and he has ongoing leg pain with associated weakness and numbness. Objective findings included a well healing incision and lumbar motion severely limited by pain. The lower extremity motor exam was 5 out of 5 on the right and 3 out of 5 on the left with gross giving way in all muscle groups L1-S1. Sensory exam revealed a decrease in the thigh, which includes the L1, L2, L3, L5 and S1 dermatomes. He stopped physical therapy due to pain and requires ongoing narcotic medication. The notes from the provider do not document efficacy of the prescribed medications. The plan of care included diagnostic imaging. Authorization was requested for Norco, Gabapentin and Voltaren. On 11-02-2015, Utilization Review non-certified the request for Gabapentin 400mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #120: 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: The injured worker sustained a work related injury on 12-10-2013. The injured worker is being treated for status post extraforaminal discectomy L3-4 and L4-5 on the left, 2015 Treatment to date has included surgical intervention (extraforaminal discectomy L3-4 and L4-5 on the left, 2015), medications and physical therapy. The medical records provided for review do not indicate a medical necessity for Gabapentin 400mg #120. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. According to the Utilization review report, this request is to continue the use of Gabapentin. Therefore, based on the medical report that shows that the injured worker's pain is worsening, the requested treatment is not medically necessary. The MTUS recommends a documented evidence of 30 % reduction in pain in order to continue the use of this antiepilepsy medication.