

Case Number:	CM15-0221644		
Date Assigned:	11/18/2015	Date of Injury:	01/13/2006
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/11/2015

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: Arizona, California

Certification(s)/Specialty: 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 48 year old female, who sustained an industrial injury on 1-13-06. The documentation on 10-12-15 noted that the injured worker has complaints of intractable low back pain and lower extremity pain. The documentation noted on examination the injured workers pain level is 6 out of 10 with intervals never lower than 6 out of 10 and sometimes higher than 7 out of 10. The documentation noted that the urine drug test and Controlled Substance Utilization Review and Evaluation System report are consistent with current therapy and injured workers history. The diagnoses have included post-laminectomy syndrome, lumbar region; bilateral lower extremity radiculopathy and depression. Treatment to date has included failed back surgery; Norco; MS Contin; Gabapentin and amitriptyline. The documentation noted that the injured worker has been on gabapentin since at least 9-15-14. The original utilization review (10-22-15) non-certified the request for gabapentin 800mg #30, 1 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #30, 1 at bedtime: 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: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have mentioned radiculopathy but long-term use is not recommended. There was minimal improvement in pain scores. Continued and chronic use of Gabapentin is not medically necessary.