

Case Number:	CM15-0223603		
Date Assigned:	11/19/2015	Date of Injury:	01/07/2015
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/13/2015

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: Physical Medicine & Rehabilitation

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 1-7-15. Medical records indicate that the injured worker is undergoing treatment for cervical degenerative disc disease, lumbar degenerative disc disease, myalgia, cervical radiculitis, bilateral cervical radiculopathy, lumbosacral spine neuritis or radiculitis and a history of hypertension. The injured worker is currently working full time. On (10-14-15 and 10-26-15) the injured worker complained of neck pain which radiated to the left upper extremity with associated tingling. The injured worker also reported upper and low back pain with radiation to the bilateral lower extremities with associated numbness and tingling. The neck pain was rated 4 out of 10, mid- back pain 3 out of 10 and low back pain 4 out of 10 on the visual analog scale. Objective findings noted tenderness to palpation over the cervical paraspinal muscles, trapezius muscles and lumbar paraspinal muscles. Trigger points with a twitch response were noted over the cervical and rhomboids along the scapular border. Sensation was decreased in the right lower extremity. Treatment and evaluation to date has included medications, electromyography-nerve conduction velocity, a transcutaneous electrical nerve stimulation unit, heating pad, back brace, chiropractic treatments, acupuncture treatments and a home exercise program. Cervical traction was noted to be helpful in the past. Current medications include Gabapentin (since at least July of 2015) and LidoPro ointment. The use of Gabapentin at night was noted to be very good but not optimal. Medications tried and failed include Lunesta. The current treatment request is for Gabapentin 100mg #30 with a date of service of 10-14-15. The Utilization Review documentation dated 11-10-15 non-certified thee request for Gabapentin 100mg #60 with a date of service 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 100mg x 60, once a day (dos: 10/14/2015): Overturned

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 patient presents on 10/14/15 with complaints regarding sleep and concentration and neck pain rated 4/10, which radiates into the bilateral upper extremities. The patient's date of injury is 01/07/15. The request is for RETROSPECTIVE GABAPENTIN 100MG X 60, ONCE A DAY (DOS: 10/14/2015). The RFA was not provided. Progress note dated 10/14/15 does not include a comprehensive physical examination. The patient is currently prescribed Gabapentin. Patient is currently working full time. MTUS Guidelines, Anti-epilepsy drugs (AED) section, pg 18, 19 under Gabapentin has the following: "Gabapentin (Neurontin, Gabarone, generic available) 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." In regard to the continuation of Gabapentin, the request is appropriate. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. Addressing the efficacy of this patient's medications, progress note dated 10/14/15 has the following: "The only medication that this patient is on is Gabapentin 300mg at night which is very good but perhaps not optimal..." It is also indicated that through the use of Gabapentin that this patient is able to get an adequate amount of pain relief to fall asleep and continue working full time as a driver. Given this patient's presentation, the conservative nature of this medication, and the documented functional benefits, continuation of Gabapentin is an appropriate measure. Therefore, the request IS medically necessary.