

Case Number:	CM15-0033104		
Date Assigned:	02/26/2015	Date of Injury:	02/28/2014
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 male, who sustained an industrial injury on 02/28/2014. On provider visit 01/07/2015 the injured worker has reported burning, radicular low back pain, bilateral knee and hip pain, and muscle spasms. The diagnoses have included low back pain; radiculitis lower extremity, bilateral knee sprain/strain, and bilateral hip sprain/strain. Treatment to date has included medication and laboratory studies. On examination he was noted to have tenderness to palpation of lumbar paraspinal muscles, over lumbosacral junction and anterior pubic area with a decreased range of motion. Bilateral hip and knee exam revealed a decreased in range of motion and tenderness. Bilateral lower extremities were noted to have slightly decreased sensation. Treatment plan included continue with medication regimen, physical therapy, chiropractic therapy, electromyogram and nerve conduction velocity studies of the bilateral lower extremities and psychologist evaluation. On 02/05/2013 Utilization Review non-certified Fanatrex (gabapentin) 25mg/ml 420ml. The CA MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (gabapentin) 25mg/ml 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

Decision rationale: FANATREX contains GABAPENTIN which is a medication approved for neuropathic pain. 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 is no recent documentation that the patient developed a neuropathic pain. Therefore, the request for FANATREX (GABAPENTIN) 25MG/ML 420ML is not medically necessary.