MAXIMUS Federal Services

Case Number:	CM15-0038239		
Date Assigned:	03/06/2015	Date of Injury:	06/13/2003
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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 56-year-old female, who sustained an industrial injury on 6/13/03. She has reported low back pain related to lifting a heavy object. The diagnoses have included lumbar disc displacement, sciatica and lumbar spine stenosis. Treatment to date has included lumbar MRI, aquatic therapy, TENs unit and pain medications. As of the PR2 dated 1/12/15, the injured worker reports continued low back pain that radiates into her buttock and bilateral hips. On 2/10/15, the injured worker reported that Gabapentin helps relieve the nerve pain she was experiencing at night. The treating physician requested to continue Gabapentin 60mg #60 (ms) #120 x 5 refills and Gabapentin 600mg #120 x 5 refills. On 2/12/15 Utilization Review non-certified a request for Gabapentin 60mg #60 (ms) #120 x 5 refills and modified a request for Gabapentin 600mg #120 x 5 refills to Gabapentin 600mg #120 x 0 refills. On 2/18/15, the injured worker submitted an application for IMR for review of Gabapentin 60mg #60 (ms) #120 x 5 refills and Gabapentin 600mg #120 x 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Gabapentin 600mg #60 (ms) #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. The claimant had also been on numerous medications to determine response to Gabapentin alone. Continued response cannot be determined in advance to receive 5 refills. The Gabapentin as prescribed above is not medically necessary.

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