

Case Number:	CM15-0040949		
Date Assigned:	03/11/2015	Date of Injury:	04/06/2005
Decision Date:	05/01/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/04/2015

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 (IW) is a 46-year-old male who sustained an industrial injury on 04/06/2005. Diagnoses include chronic low back pain, lumbar disc protrusions, radiculitis bilateral lower extremities/neuropathic pain. Treatment to date has included medications, psychological therapy, bracing and physical therapy. Diagnostics performed to date included multilevel discography, electrodiagnostic studies, x-rays and MRIs. According to the PR2 dated 7/17/14, the IW reported intermittent, moderate to severe low back pain radiating to the right lower extremity. A prescription for Gabapentin was requested for treatment of continuing neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, ninety count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with worsening gastroesophageal reflux disease and improved constipation. He reports abdominal pain with acid reflux, chest pain, and shortness of breath. The physician is requesting GABAPENTIN 300 MG 90 COUNT WITH 1 REFILL. The RFA was not made available for review. The patient's date of injury is from 04/06/2005, and his current work status was deferred to the primary treating physician. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records do not show a history of gabapentin use. The report making the request was not made available to determine the rationale. None of the reports from 07/17/2014 to 01/06/2015 discuss diabetic nephropathy, post herpetic neuralgia, or neuropathic pain. In this case, the patient does not meet the guidelines for gabapentin use. The request IS NOT medically necessary.