

Case Number:	CM15-0043209		
Date Assigned:	03/13/2015	Date of Injury:	07/28/2006
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 65-year-old female with a date of injury of 07/28/2006 with an unknown mechanism of injury. The injured worker's current diagnoses include lumbar postlaminectomy syndrome status post L4-5 laminectomy with granulation tissue along the left L5 nerve root and moderate left foraminal narrowing, multilevel lumbar disc disease with spondylosis, obesity, depression and chronic pain, likely left knee meniscal tear, status post right knee partial medial meniscectomy, chondroplasty with patellofemoral arthritis and lateral meniscus tear. Past treatment includes the use of medication, home exercise programs and therapy. Surgical history includes an L4-5 laminectomy with an unknown date. There were no recent diagnostic studies submitted for review. The clinical note dated 02/09/2015 indicates the injured worker was seen for low back and bilateral extremity pain. Physical examination findings indicated that the lower extremities had normal sensation and normal motor strength. It was noted that the injured worker uses a rolling walker. Medications include the use of Norco and gabapentin. Treatment plan includes the continuation of gabapentin 600 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG #60: 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) Page(s): 16-19.

Decision rationale: Based on the clinical documentation submitted for review and the California MTUS Guideline recommendation this request is not supported. California MTUS Guidelines state that gabapentin is an antiepileptic drug that is recommended as a first line treatment of neuropathic pain. A good response to the use of antiepileptic has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. If inadequate control of pain is found a switch to another first line drug is recommended. The clinical documentation submitted for review showed no indication of a reduction in pain or any functional improvements. In addition, the request shows no indication of the frequency of use. Given that the clinical documentation submitted for review fails to document the injured worker's response to the medication, including the injured worker's pain relief and functional improvements, and the current request failed to include a frequency of use, this request is not medically necessary.