

Case Number:	CM15-0049525		
Date Assigned:	03/23/2015	Date of Injury:	09/21/1992
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old female, who sustained an industrial injury on 09/21/1992. The injured worker is currently diagnosed as having bilateral upper extremity pain, low back pain, neck pain status post cervical fusion, bilateral wrist pain with history of carpal tunnel release, and history of bilateral femur fracture. Treatment to date has included cervical fusion, epidural steroid injections, lumbar spine CT scan, lumbar MRI, physical therapy, exercise, and medications. Physical exam findings documented in the submitted office notes are minimal, but 05/13/14 office note documented positive straight leg raising test and reduced strength in the bilateral lower extremities. In a progress note dated 02/12/2015, the injured worker presented with complaints of low back, neck, and upper extremity pain. The treating physician reported requesting authorization for prescribed Gabapentin to treat her neuropathic pain throughout her body. 03/10/15 office note stated that the injured worker reported that gabapentin provided at last visit had significantly helped with radicular symptoms in her legs and arms and with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: MTUS recommends antiepilepsy drugs including gabapentin for treatment of neuropathic pain. Objective evidence of neuropathic pain is documented in this case. The injured worker reported improvements in extremity radicular symptoms and sleep with a trial of gabapentin. The requested gabapentin is medically necessary and is consistent with MTUS recommendations.