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| Case Number: | CM15-0050232 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 06/24/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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 is a 60 year old male, who sustained an industrial injury on 6/24/2010. He was treated for third degree burns and a skin graft was placed on the right leg. The limping from pain in the right leg caused pain in the lower back. Diagnoses include herniated nucleus pulposus lumbar spine, lumbar radiculopathy, right foot drop, right lower extremity skin graft (7/2010), vitiligo and right foot complex regional pain syndrome (CRPS). Treatment to date has included magnetic resonance imaging (MRI), radiographic imaging, physical therapy, massage, chiropractic and medications. Per the Primary Treating Physician's Progress Report dated 2/03/2015 the injured worker reported aching pain in his neck which he rates as 9/10. He reports aching, stabbing pain with cramping into the right arm and hand. He states there is often cramping ion the right arm. There is throbbing, stabbing pain into the shoulder blade. Physical examination revealed an antalgic gait aided by a single point cane. There is tenderness to palpation to the lumbar midline and right paraspinals. Range of motion of the lumbar spine is decreased in all planes. There was hyperesthesia to the right foot. The plan of care included and authorization was requested for a cardiology consultation, internal medicine follow-up, Gabapentin 600mg #60 and APAP with codeine 300/30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The 60 year old patient complains of bilateral leg numbness with burning sensation, bilateral shoulder pain radiating downwards to right hand, neck pain, tingling on chest, constant low back pain, and blurry vision, as per progress report dated 02/13/15. The request is for GABAPENTIN 600 mg # 60. The RFA for the case is dated 02/03/15, and the patient's date of injury is 06/24/10. The patient is status post burn with skin graft in right lower extremity with chronic pain, as per progress report dated 02/13/15. As per progress report dated 02/03/15, the neck pain is rated at 9/10, and back pain is rated at 8/10. Medications included Gabapentin, Tylenol, Lisinopril, and Simvastatin. Diagnoses included HNP lumbar spine, lumbar radiculopathy, right foot drop, vitiligo, and right foot CRPS. The patient is temporarily partially disabled, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been taking Gabapentin at least since 07/09/14. In progress report dated 02/03/15, the treating physician states that medication regimen, which included Gabapentin and Tylenol, helps to reduce his pain 30%. The patient has been diagnosed with CRPS and has documented improvement with Gabapentin usage. The current request IS medically necessary.