MAXIMUS Federal Services

Case Number:	CM15-0052435		
Date Assigned:	03/25/2015	Date of Injury:	08/30/2010
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 8/30/10. She reported headache, neck pain, and back pain that radiated to the left upper extremity and hand with numbness in the right thumb. The injured worker was diagnosed as having discogenic cervical condition, facet inflammation, headaches, discogenic lumbar condition, epicondylitis medially and laterally greater on the right, wrist joint inflammation, and chronic pain syndrome. Treatment to date has included chiropractic treatment, which was noted to be helpful, physical therapy which did not resolve neck and arm pain, an epidural Cortisone injection, sacroiliac joint injection, and massage. A MRI obtained in 2012 revealed disc disease at L3-4 with persistent sacroiliac joint inflammation on the left. Currently, the injured worker complains of upper trapezius pain and low back pain. The treating physician requested authorization for Gabapentin 600mg #90. The treating physician noted Gabapentin was needed for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 600mg #90 is not medically necessary.