

Case Number:	CM15-0052697		
Date Assigned:	03/26/2015	Date of Injury:	03/07/2010
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on March 7, 2010. He reported injury to his head, back and left hip. The injured worker was diagnosed as having lumbar disc disease with radiculopathy and neuropathic pain, cervical and thoracic disc disease, sacroiliac joint and facet joint arthropathy, myofascial syndrome involving the whole spine, suprascapular neuropathy and reactive sleep disturbance. Treatment to date has included medications. On February 12, 2015, the injured worker complained of pain in his low back and left hip area. He had positive straight leg raising tests with a positive Lasegue's sign. He reported weakness in his legs and upper extremities. There was a significant decrease in range of motion of his lumbar spine and cervical spine. The treatment plan included psychological evaluation, medications and trial of spinal cord stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with evidence or that the pain is neuropathic. It is medically necessary and the original UR decision is overturned.