

Case Number:	CM15-0057217		
Date Assigned:	04/02/2015	Date of Injury:	05/27/2000
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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

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 62 year old female who sustained an industrial fall injury to her lower back on May 27, 2000. The injured worker was diagnosed with lumbago and chronic pain syndrome. The injured worker is status post lumbar discectomy L4-L5 for herniated nucleus pulposus in 2004. According to the primary treating physician's progress report on February 12, 2015, the injured worker is doing well and keeping active on the current medication regimen of Norco and gabapentin. Current pain level is 2/10 and her average pain level has been 2-4/10. The injured worker moves functionally with regards to the cervical and lumbar spine movements. Examination noted normal upper and lower extremity strength and normal gait. Treatment plan includes continuing with home exercise program, long walks and the prescribed medications with the current request being for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, documentation from recent months leading up to this request suggested clear pain level reduction by about 40-50% with the use of gabapentin with increased ability to perform activities such as walking with less pain as long as she uses this medication. This evidence of continued benefit is sufficient to suggest continuation is medically necessary and appropriate.