

Case Number:	CM15-0057743		
Date Assigned:	04/02/2015	Date of Injury:	08/28/2013
Decision Date:	05/08/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 31-year-old male, who sustained an industrial injury on 08/28/2013. He has reported subsequent back, neck and right shoulder pain and was diagnosed with chronic lower back pain, lumbosacral spondylosis and cervical strain. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, a home exercise program, application of ice and TENS unit. In a progress note dated 02/10/2015, the injured worker complained of back pain. Objective findings were notable for antalgic gait, tenderness of the lumbar paraspinal muscles and reduced range of motion. A request for authorization of a Gabapentin refill was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 19.

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

Decision rationale: The patient presents with diagnoses of chronic lower back pain, lumbosacral spondylosis and cervical strain. The injured worker currently complains of chronic lower back pain, neck and right shoulder pain. The current request is for Gabapentin 300 mg, thirty count. The treating physician report dated 2/10/15 notes the injured worker's back pain was radiating to the right arm, left thigh and right thigh. MTUS Guidelines state, "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." In this case, the clinical records provided note the patient suffers from "neuritis or radiculitis" and that his pain radiates with numbness and tingling. The clinical history provided documented evidence of subjective and objective findings of neurological complaints. Therefore, the current request is medically necessary and the recommendation is for authorization.