

Case Number:	CM15-0081663		
Date Assigned:	05/04/2015	Date of Injury:	05/07/2013
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male, who sustained an industrial/work injury on 5/7/13. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculopathy, myofascial pain, and history of gastritis. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, and home exercise program. Currently, the injured worker complains of low back pain that radiated to the left lower extremity with numbness and tingling. Per the primary physician's progress report (PR-2) on 3/9/15, examination revealed decreased lumbar range of motion, flexion at 40 degrees and extension at 10 degrees, positive straight leg raise, and tender to touch paraspinal muscles. The requested treatments include Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for radiating low back pain. When seen, he was having numbness and tingling. There was decreased lumbar range of motion with tenderness and positive left straight leg raising. Gabapentin is being prescribed at a total daily dose of 200 mg. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore is not medically necessary.