

Case Number:	CM15-0081747		
Date Assigned:	05/04/2015	Date of Injury:	10/01/2011
Decision Date:	06/02/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/28/2015

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

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 45 year old male, who sustained an industrial injury on 10/1/2011. He reported low back pain after bending over to open a filing cabinet. The injured worker was diagnosed as having post-laminectomy syndrome lumbar region, unspecified myalgia and myositis, lumbago, chronic pain due to trauma, and other chronic post-operative pain. Treatment to date has included medications, physical therapy, back surgery, and epidural injections. The request is for Gabapentin. On 12/11/2014, he complained of low back pain with radiation into the buttocks down the right leg to the foot. He rated his pain as 8/10. The treatment plan included: continuation of acupuncture, and medications. He reported having 0-1/10 level of pain with acupuncture and medications. The medications are listed as: Tramadol, Gabapentin, and Hydrocodone. The treatment plan also included: lumbar epidural steroid injection, trial of interferential unit, and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #75 is not medically necessary and appropriate.