

Case Number:	CM15-0086670		
Date Assigned:	05/08/2015	Date of Injury:	02/13/2013
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 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 31 year old male, who sustained an industrial injury on 02/13/2013. He reported lower back pain after lifting boxes. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbar radiculopathy, degenerative disc disease, and myofascial pain. Treatment and diagnostics to date has included home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, lumbar spine MRI, physical therapy, acupuncture, and medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of 8/10 low back pain which is helped by Norco for severe pain and Gabapentin for nerve pain. The treating physician reported requesting authorization for retrospective Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 300mg #60 (DOS 03/24/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. The claimant had been on topical Lidoderm, Norco and Naproxen as well pain along with a TENS unit. Response to Gabapentin on 3/24/15 was not noted. The Gabapentin was not medically necessary.