MAXIMUS Federal Services

Case Number:	CM15-0087503		
Date Assigned:	05/11/2015	Date of Injury:	06/24/2010
Decision Date:	08/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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 was a 36 year old male, who sustained an industrial injury, on June 24, 2010. The injured worker previously received the following treatments: Physical therapy, Klonopin, Ambien, Cymbalta, Nucynta, psychological services and back surgeries time 2. The injured worker was diagnosed with major depression, chronic pain syndrome, anxiety disorder and surgeries times 2. According to progress note of March 30, 2015, the injured worker's chief complaint was pain. The injured worker was not walking or not riding a bike because of the pain. The injure worker could only sit for an hour due to the pain depending on the chair. The injured worker was sleeping ok. The injured worker was doing exercises while lying down, lifting the hips and feet in different ways. The treatment plan included a prescription for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #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), p 16-18.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for chronic pain, anxiety, and major depression. He has a history of two lumbar spine surgeries. When seen, he was having ongoing pain. He had a limited sitting tolerance. There had been some improvement with Cymbalta. Gabapentin was prescribed at a dose of 300 mg two times per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic 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 less than that recommended and no dose titration was being planned. Prescribing gabapentin at this dose is not medically necessary.