

Case Number:	CM15-0089266		
Date Assigned:	05/13/2015	Date of Injury:	05/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 56 year old, male who sustained a work related injury on 5/15/96. The diagnoses have included lumbalgia, status post right knee surgery, right knee contusion, lumbar disc herniation and possible complex regional pain syndrome. The treatments have included medications, physical therapy, hip injections, back surgeries, knee surgeries, lumbar injections, sacroiliac joint injections and spinal cord stimulator. In the PR-2 dated 5/4/15, the injured worker complains of back pain and stiffness. He describes the pain as aching, burning, stabbing, throbbing and shooting. He rates his pain level at an 8-9/10. He states the back pain is located in the lumbar area, upper back, lower back and both legs. He complains of cervical neck pain. He describes the pain as aching, burning, deep, disabling, pounding, pressure, pulling and headache. He states he has stiffness, numbness and tingling. He rates his pain a 4/10. He complains of bilateral knee pain. He describes the pain as aching, burning, cramping, exhausting, pinching, weakness, nagging, sore and stiff. He feels burning, swelling, tenderness and throbbing. He rates his pain level with right knee a 5/10 and with the left knee an 8-9/10. The treatment plan is a request for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #270 with 3 refills: 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 9792.20 - 9792.26 Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin is not medically necessary.