MAXIMUS Federal Services

Case Number:	CM15-0236538		
Date Assigned:	12/11/2015	Date of Injury:	07/25/2013
Decision Date:	01/15/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/03/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 50 year old female with a date of injury of July 25, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for patella tendonitis, cervical strain, and facet arthropathy. Handwritten medical records dated September 1, 2015 indicate that the injured worker complained of neck pain rated at a level of 1 to 2 out of 10 and lower back pain rated at a level of 3 out of 10. A handwritten progress note dated October 29, 2015 documented complaints of lower back pain rated at a level of 7 out of 10 and right knee pain rated at a level of 3 out of 10. Per the treating physician (September 1, 2015), the employee was not working. The handwritten physical exam dated September 1, 2015 reveals TT of the right patella, decreased range of motion of the cervical spine, decreased range of motion of the lumbar spine, and tenderness of the bilateral lumbar paraspinals. The handwritten progress note dated October 29, 2015 documented a physical examination that showed tenderness to palpation with spasm in the lumbar paraspinals, bilateral sacroiliac joint pain, and positive FABER test. Portions of the progress notes were difficult to decipher. Treatment has included physical therapy, chiropractic treatments and medications (Gabapentin since at least June of 2015; Naproxen, and Baclofen). The urine drug screens dated September 28, 2015 and July 23, 2015 showed negative results for all tested substances with a report of Tramadol as a prescribed medication. The utilization review (November 10, 2015) non-certified a request for Gabapentin 300mg #60.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, there is not clear objective evidence of neuropathic pain or evidence of clinical value of this medication in the provided records. The patient's treatment does not appear to warrant continued use of an AED over simply anti-inflammatories, etc. Therefore, without clear evidence for efficacy and uncertainty as to the added clinical value of the drug, the request for gabapentin cannot be considered medically necessary based on the provided records.