

Case Number:	CM14-0120152		
Date Assigned:	08/08/2014	Date of Injury:	04/19/2011
Decision Date:	10/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in internal medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 insured is a 40-year old male whose date of industrial injury was reportedly 4/19/2011. The patient was last seen on 7/21/2014 by the primary treating provider. He was noted to have pain in the left lower extremity with paresthesias in the L4 and L5 dermatome along with a recent MRI showing impingement of the L4 and L5 nerve roots related to a disk herniation. The request was made for gabapentin. The patient was status post previous discectomy operation in the lumbar spine but his pain had returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin capsules, 300 mg with 2 refills for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 17,18.

Decision rationale: Gabapentin is a neuromodulator that has been shown to be active in randomized controlled trials for diabetic peripheral painful neuropathy along and post herpetic neuralgia. It is often used, by extrapolation, for the management of radicular pain. This is entirely appropriate and particularly if the patient responds, can be considered first line therapy

that is opiate sparing. As such, the request is recommended. As shown in the cited guidelines, gabapentin showed significant improvement in pain related to spinal stenosis for instance and is recommended for painful neuropathies, with a high likelihood that this medication and similar medicines will work in a significant number of patients with radicular pain, particularly acute and subacute radicular pain. Therefore, Gabapentin capsules, 300 mg with 2 refills for the lumbar spine is medically necessary.