

Case Number:	CM14-0134517		
Date Assigned:	09/26/2014	Date of Injury:	08/29/2011
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustained a work-related injury on August 29, 2011. She subsequently developed chronic back pain with numbness. MRI of the lumbar spine dated December 20, 2011 showed advanced degenerative discopathy at L5-S1 with associated facet arthropathy. Electromyography (EMG)/ nerve conduction velocity (NCV) studies of the lower extremities performed on April 12, 2012 showed slight L5 lumbar radiculopathy on the right side with chronic re-nervation pattern. No polyneuropathy or lumbar radiculopathy was noted on the left side. MRI of the lumbar spine dated August 8, 2014 showed spondylosis is seen at L5-S1. According to a progress report dated August 9, 2104, the patient complained of low back pain status post-surgery on February 27, 2014 with new numbness and radicular pain in the right buttock, right anterior lateral leg and thigh and right anterior lateral foot. Numbness has increased in right outer thigh, buttock, and leg in S1 dermatomal distribution. With pain medication, the pain level was 7/10 and without the medications it would be 10/10. The opioid medications did allow the patient to do activities of daily living; however, the pain medication caused constipation and sometimes lethargy. Her physical examination of the lumbar spine revealed moderate paralumbar muscle spasm with reduced range of motion. Examination of the thoracic spine revealed mild spasm from T6-10, more on the right than the left. Sensation was altered to anterior lateral thigh, lateral leg and lateral foot in L5 and L4 dermatomal pattern. There is also decreased sensation in anterior medial leg. The patient was diagnosed with lumbar strain with lumbar radiculopathy, thoracic strain, right greater than left; secondary depression due to chronic pain; and insomnia due to chronic pain. Prior treatment has included pain medications, physical therapy, and chiropractic treatment. The provider requested authorization for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, qty. 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin 300 mg #180 is not medically necessary.