

Case Number:	CM14-0145181		
Date Assigned:	09/12/2014	Date of Injury:	07/20/2007
Decision Date:	10/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family 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:

This is a 54-year-old male with a 7/20/07 date of injury. A specific mechanism of injury was not described. According to a progress note dated 8/25/14, the patient reported continued pain in his low back, right shoulder, and numbness and cramping in his legs. He admitted that he has been having some increased burning in his left buttocks and cramping in his low back. Objective findings: tenderness to palpation of lumbar paraspinal muscles with hypertonicity, tenderness to palpation of right trapezius, reduced sensation of left lower extremities. Diagnostic impression: spondylolisthesis, post operative chronic pain, lumbosacral or thoracic neuritis. Treatment to date: medication management, activity modification, TENS unit, home exercise program. A UR decision dated 9/2/14 modified the request for Gabapentin from 60 tablets to 40 tablets to allow for presenting evidence of functional gain from the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg # 60 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (AED) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has complaints of numbness and cramping in his legs along with a diagnosis of lumbosacral or thoracic neuritis. Guidelines support the use of Gabapentin as a first-line medication for treating neuropathic pain. Therefore, the request for Gabapentin 100mg #60 2 refills is medically necessary.