

Case Number:	CM14-0164632		
Date Assigned:	10/09/2014	Date of Injury:	10/06/2011
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 54 year old female. Based on the 08/29/14 progress report provided by [REDACTED], the injured worker complains of low back pain rated 6/10 with some radiation to the right gluteal region. Physical examination revealed spasms in the paraspinal muscles of the lumbar spine and tenderness over facet joints and the right posterior superior iliac spine. Patrick's test was positive on the right. Current treatments include medication and home exercises. Diagnosis 08/29/14- left sacroiliitis- lumbar facet joint arthritis- lumbar degenerative disc disease- clinically consistent left lumbar radiculopathy. Treating physician report dated 07/09/14 states that injured worker is taking Gabapentin for neuropathic pain and inflammation. Current medications are helping for pain without adverse effects. [REDACTED] is requesting pharmacy purchase of Gabapentin 100mg #90. The utilization review determination being challenged is dated 09/11/14. The rationale is "no indication of neuropathic pain." [REDACTED] is the requesting provider, and he provided treatment reports from 03/06/14 - 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Gabapentin 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18,19.

Decision rationale: Injured worker presents with low back pain rated 6/10 with some radiation to the right gluteal region. The request is for pharmacy purchase of Gabapentin 100mg #90. Her diagnosis dated 08/29/14 includes left sacroiliitis, lumbar facet joint arthritis, lumbar degenerative disc disease, and clinically consistent left lumbar radiculopathy. MTUS has the following regarding Gabapentin on page 18 and 19: "Gabapentin (Neurontin, Gabarone generic available) 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." Treating physician report dated 07/09/14 states that injured worker is "taking Gabapentin for neuropathic pain and inflammation." Current medications are helping for pain without adverse effects. The request is in line with MTUS indication. The request for Purchase of Gabapentin 100mg #90 is medically necessary.