

Case Number:	CM14-0166288		
Date Assigned:	10/13/2014	Date of Injury:	05/13/2009
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 patient is a 46-year-old male with an injury date of 05/13/2009. According to the 07/29/2014 progress report, the patient complains of having ongoing back pain with cramping in the left calf. "He finds difficulty with neuropathic leg pain towards any given day that he has been on his feet." He has ongoing pain with palpation over the right sacroiliac joint. The left calf tenderness is appreciated with palpation and there is pain over the left sciatic notch. The patient has a positive Bragard's sign and a positive FABERE/Patrick's sign on the right indicative of sacroiliac joint involvement. The patient's diagnoses include the following: 1. Status post lumbar microdiscectomy at L5 with facotomy at L4-L5. 2. Anterior cervical fusion. 3. Emotional symptoms. The utilization review determination being challenged is dated 09/19/2014. Three treatment reports were provided from 03/13/2014, 06/26/2014, and 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 tablests of Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antiepilepsy drugs (AEDs),
Gabapentin Page(s): pages.

Decision rationale: According to the 07/29/2014 progress report, the patient complains of having ongoing back pain with cramping in the left calf as well as ongoing pain with palpation over the right sacroiliac joint. The request is for 100 tablets of gabapentin 600 mg. The patient is taking 1 capsule 3 times a day for neuropathic pain control. Review of the reports does not indicate when the patient began taking gabapentin, nor there is any discussion provided as to how gabapentin has benefited the patient. For gabapentin, MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function...Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." MTUS page 60 also requires documentation of pain and function with the use of medications for chronic pain. There is no discussion provided on this report indicating gabapentin's efficacy. Recommendation is for denial.