

Case Number:	CM14-0184296		
Date Assigned:	11/10/2014	Date of Injury:	06/05/2009
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old male who was injured on 6/4/2009. The diagnoses are cervical radiculopathy, status post lumbar laminectomy fusion, neck pain, knees and ankle pain. There are associated diagnoses of insomnia. The MRI of the cervical spine showed multilevel mild disc bulges without stenosis. The past surgery history is significant for lumbar spine laminectomy fusion in 2010. The patient has completed PT, trigger points injections and functional restoration program treatments. On 9/3/2014, there was significant subjective and objective findings of chronic pain syndrome with psychosomatic components that included possible symptoms magnification. There was also tenderness to the paraspinal muscles of the cervical and lumbar spines. The medications are hydrocodone, and gabapentin for pain, Soma for muscle spasm and alprazolam for sleep. A Utilization Review determination was rendered on 9/30/2014 recommending non certification for gabapentin 600mg tid #90. on certification for gabapentin 600mg tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Tablets, 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized as first line medications for the treatment of neuropathic pain. Anticonvulsants can also be beneficial in the treatment of chronic musculoskeletal pain when associated with psychosomatic symptoms. The records indicate that the patient had significant psychosomatic symptoms associated with the chronic pain syndrome. There is a history of failed back syndrome that can be associated with neuropathic type pain. The use of gabapentin can be beneficial as a mood stabilizer and can also improve sleep. The criterion for the use of gabapentin 600mg tid #90 is medically necessary.