

Case Number:	CM14-0028169		
Date Assigned:	03/19/2014	Date of Injury:	09/27/2012
Decision Date:	04/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 patient is a 45-year-old female injured worker with date of injury 9/27/12 with related low back pain. MRI of the lumbar spine dated 7/11/13 revealed straightening of the lumbar spine that may be due to positioning or muscle spasm; disc desiccation with mild disc narrowing, 5mm posterior central disc protrusion with mild narrowing of the thecal sac at L5-S1. She was refractory to physical therapy and medication management. The date of UR decision was 2/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100%: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Per MTUS p113 with regard to topical Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." The request is not medically necessary.