MAXIMUS Federal Services

Case Number:	CM14-0093378		
Date Assigned:	09/19/2014	Date of Injury:	08/03/2004
Decision Date:	10/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 and 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:

The injured worker is a 49-year-old female who reported an injury on 08/03/2001 reportedly while lifting a trash bag that weighed approximately 30 pounds. She later felt back pain. The injured worker's treatment history included epidural steroid injections, oral medications, and MRI studies. The injured worker was evaluated on 04/29/2014 and it was documented the injured worker complained of lumbar spine pain rated at 7/10. Pain had increased since last visit on 03/28/2014. Pain was sharp with radiation to the right leg down to the ankle and associated stiffness, weakness, numbness and tingling were noted. The injured worker underwent an L2-3 TF ESI (transforaminal epidural steroid injection) and right L2-3 selective epidural catheterization from which she received 100% relief for a week. The injured worker decreased her oral medications and walked longer without pain. Physical examination revealed diffuse tenderness was palpated over the lumbar paraspinous muscles. Moderate facet tenderness was noted over the L2-5 levels. Kemp's test was positive bilaterally. Seated straight leg raise was 70 degrees on the right, supine was 60 degrees on the right and 70 degrees on the left. Farfan's test was positive bilaterally. Lumbar range of motion was 20 degrees for the right lateral bending and 30 degrees for the left lateral bending, 60 degrees for flexion, and 10 degrees for extension. Motor examination was 5/5 to all except for 4/5 was noted for the right knee extensor and right hip flexor. DTRs (deep tendon reflexes) are 2+ bilaterally to all. It was noted that the injured worker tested positive for Soma on visit 03/28/2014, with the injured worker stating she received the medication from another provider. Medications included Ultram, diclofenac, Soma and gabapentin. Diagnoses included lumbar sprain, lumbosacral disc degeneration, lumbago, lumbar disc displacement and lumbosacral neuritis. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The requested Gabapentin 300mg, #90 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The request did not include frequency or duration of the medication. There was no documentation based upon evidence for improved pain and function due to the medication. As such, the request for Gabapentin 300mg, #90 is not medically necessary.