

Case Number:	CM14-0099616		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2011
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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 Preventative 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:

According to the records made available for review, this is a 29-year-old male with a 5/4/11 date of injury. At the time (6/19/14) of the Decision for Fanatrex (Gabapentin) 25mg/ml oral suspension Quantity 420 milliliters, there is documentation of subjective (radicular low back pain with muscle spasms associated with numbness and tingling of the bilateral lower extremities) and objective (tenderness over the bilateral lumbar paraspinal muscles with guarding, decreased lumbar range of motion, positive bilateral straight leg raising test, positive Kemp's test, and decreased sensation and motor strength in the bilateral lower extremities) findings, current diagnoses (cervical disc syndrome, bilateral upper extremity radiculopathy, lumbar disc syndrome, and radicular syndrome of lower extremity), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine, Tramadol, and Fanatrex since at least 3/25/14)). A 5/29/14 medical report identifies that medications provide temporary relief of pain and improve the patient's ability to have restful sleep. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (Gabapentin) 25mg/ml oral suspension Quantity 420 milliliters: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded agents Page(s): Pages 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc syndrome, bilateral upper extremity radiculopathy, lumbar disc syndrome, and radicular syndrome of lower extremity. In addition, there is documentation of neuropathic pain and ongoing treatment with Gabapentin. However, despite documentation that Gabapentin provides temporary relief of pain and improves the patient's ability to have restful sleep, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Fanatrex (Gabapentin) 25mg/ml oral suspension Quantity 420 milliliters is not medically necessary.