

Case Number:	CM14-0212846		
Date Assigned:	12/30/2014	Date of Injury:	04/13/2011
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 50 year old female with an injury date of 04/13/11. As per 10/06/14 progress report, the patient is status post back surgery in 11/2012 and 06/2012 (no additional details). The patient suffers from anxiety and depression, as per the same progress report. She also has low back pain and right sciatica. The moderately severe pain limits her ambulatory capacity. The patient has also developed heel pain which is similar to plantar fasciitis. Physical examination reveals positive straight leg raise on the right along with positive sciatica stretch test. There is tenderness over anterolateral aspect of the heel. EHI, foot and toe dorsiflexors are weak on the right. There are significant nerve root issues in the L5-S1 distribution area on the right. Diagnosis, 10/06/14: Recurrent right sciatica status post back surgery lumbar disc replacement. The treater is requesting for GABAPENTIN 300 mg # 150 WITH FOUR REFILLS. The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 06/25/14 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #150 with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient is status post back surgery in 11/2012 and 06/2012 (no additional details), as per progress report dated 10/06/14, but the UR letter states that the patient underwent "two L5-S1 surgeries in 06/2012 and 11/2013 (hemi-laminectomy, microdiscectomy, foraminotomy and discectomy)." The request is for GABAPENTIN 300 mg # 150 WITH FOUR REFILLS. Currently, the patient complains of low back pain and right sciatica. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, only one progress report and an AME report are provided for review. The AME report does not contain any relevant information. In progress report dated 10/06/14, the treater states that the patient has significant nerve root issues in the L5-S1 distribution area on the right. The patient also has right sciatica. Given the patient's chronic pain and neuropathic symptoms, the use of Gabapentin appears reasonable. However, the treater does not provide any documentation that this medication is helping the patient's neuropathic pain. MTUS 60 requires a record of pain and function with all chronic pain medications for long-term use. The request IS NOT medically necessary.