

Case Number:	CM14-0213370		
Date Assigned:	12/30/2014	Date of Injury:	05/03/2002
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 60-year-old male who has submitted a claim for cervical degenerative disc disease and lumbar herniated nucleus pulposus associated with an industrial injury date of 5/3/2002. Medical records from 2014 were reviewed. The patient complained of persistent neck and low back pain associated with occasional numbness at right upper extremity and bilateral lower extremities, respectively. He reported difficulty with running and dancing. The patient stated that gabapentin provided symptom relief which allowed him to be more active throughout the day. He denied difficulty with sitting, standing and walking. No side effects were reported. Physical examination showed diffuse tenderness at paracervical and paralumbar muscles. Lumbar range of motion was limited. Motor strength of right deltoid and right ankle muscles was rated 4 to 5-/5. Treatment to date has included lumbar epidural steroid injections, chiropractic care, physical therapy and medications such as gabapentin (since at least June 2014) and Cymbalta. The utilization review from 12/5/2014 modified the request for gabapentin 800mg #90 with 1 refill into #72 with no refill. Reasons for modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica as early as June 2014. The patient complains of persistent neck and low back pain associated with occasional numbness at right upper extremity and bilateral lower extremities, respectively. The patient states that gabapentin has provided symptom relief allowing him to be more active throughout the day. He denies difficulty with sitting, standing and walking. No side effects were reported. The medical necessity for continuing gabapentin prescription has been established. Therefore, the request for gabapentin 800mg #90 with 1 refill is medically necessary.