

Case Number:	CM14-0217133		
Date Assigned:	01/07/2015	Date of Injury:	12/08/2006
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male sustained an industrial injury on 12/8/06. He is reported to be complaining of back pain. He has been diagnosed of cervical and lumbar stenosis and lumbar radiculopathy. The injured worker has undergone multiple spinal surgeries. Prior treatments also include injections, physical therapy and pain medications. The UR decision dated 12/23/14 non-certified the Medication: Gabapentin. The Medication: Gabapentin was denied based on CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 12/8/06. The medical records provided indicate the diagnosis include cervical and lumbar stenosis and lumbar

radiculopathy. Treatments have included multiple spinal surgeries; injections, physical therapy, Norco, Soma, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Gabapentin 600mg #60. Between 07/2014 and 11/2014, the pain has ranged between 7-8/10 in the visual analog scale; although the records indicate an improvement in pain, this has been reported at 70% and 50%. The records indicate his pain improves by 50% or 70% with or without Gabapentin, but while on the other medications. As a result, the beneficial effect of Gabapentin is not obvious from the records provided. The MTUS does not recommend.