

Case Number:	CM15-0100441		
Date Assigned:	06/02/2015	Date of Injury:	10/19/2011
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 10/19/11. He reported a low back injury after slipping and falling. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation with right sided radiculopathy, right shoulder impingement with bicipital tendinitis, discogenic lumbar condition with facet inflammation with bilateral radiculopathy and pelvic mass. Treatment to date has included TENS unit, back brace, oral medications including Ultracet, Tramadol and Flexeril and activity restrictions. Currently, the injured worker complains of neck pain, headaches, right shoulder pain and low back pain. He is currently not working. Physical exam noted tenderness across the cervical, thoracic and lumbar paraspinal muscles bilaterally. The treatment plan included request for authorization for Ultracet, Flexeril, Naproxen, Gabapentin, cortisone injections, chiropractic treatment, referral to a neurologist and cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

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

Decision rationale: According to MTUS guidelines, "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." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 600mg #90 is not medically necessary.