

Case Number:	CM15-0019768		
Date Assigned:	02/09/2015	Date of Injury:	08/21/2014
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 58 year old female patient, who sustained an industrial injury on August 21, 2014. She has reported injury to her left shin after tripping. The diagnoses have included left hip and back sprain, left leg contusion, and left ankle sprain. Per the doctor's note dated 12/5/2014, she had complains of lumbosacral, knee, and leg pain. Physical findings reveal swelling of the left leg, with some bruising, and tenderness and a negative Homans sign. The current medications list includes anaprox, protonix and gabapentin. Previous operative or procedure note related to the injury was not specified in the records provided. She has had X-rays of left tibia and fibula on 8/21/14 with normal findings. She has had physical therapy. On January 16, 2015 Utilization Review modified certification of Gabapentin 300 mg, #30 with no refills. On January 28, 2015, the injured worker submitted an application for IMR for review of Gabapentin 300 mg, #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 16, Anti-epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available)
Page 18-19.

Decision rationale: Request: Gabapentin 300mg #30 with 2 refills. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study". Per the records provided she had complaints of lumbosacral, knee, and leg pain. Evidence of neuropathic pain is not specified in the records provided. Response to NSAIDs and muscle relaxant is not specified in the records provided. Prior diagnostic study reports with abnormal findings were not specified in the records provided. The medical necessity of Gabapentin 300mg #30 with 2 refills is not fully established in this patient.