

Case Number:	CM15-0110210		
Date Assigned:	06/16/2015	Date of Injury:	05/29/1990
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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 61-year-old female, who sustained an industrial/work injury on 5/29/90. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic low back pain, lumbar disc displacement, and hypochondriasis. Treatment to date has included medication, surgery (lumbar decompression x 2 in 1997). Currently, the injured worker complains of chronic low back pain to lower legs, bilaterally. Per the primary physician's progress report (PR-2) on 4/21/15, exam reported diffuse myalgias, diminished to absent sensation in bilateral feet, with extension into the lower legs L>R, sensation intact in hands to light touch, unable to distinguish monofilament touch on feet. Current plan of care included pain management. The requested treatments include Gabapentin tab 600mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin tab 600mg 2 tablets Q 8 Hr (1200 Mgs Q 8 HR) #180 plus 5 refills: Upheld

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

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. Therefore, the prescription of Gabapentin tab 600mg 2 tablets Q 8 Hr (1200 Mgs Q 8 HR) #180 plus 5 refills is not medically necessary.