

Case Number:	CM15-0113781		
Date Assigned:	06/22/2015	Date of Injury:	06/16/2014
Decision Date:	07/21/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 6/16/2014. Diagnoses include bilateral L4-5 microdiscectomy (4/07/2015) with cauda equina decompression. Treatment to date has included surgical intervention, home exercise and stretching and medications. Per the Primary Treating Physician's Progress Report dated 4/21/2015, the injured worker reported some incisional pain in the lower back. His leg pain appeared to be significantly improved, if not resolved. Physical examination revealed range of motion diminished secondary to pain. Neurologic exam was intact and the wound was healing nicely. X-rays of the lumbar spine showed evidence of laminectomy at L4-5 with some degenerative changes but no instability and disc space narrowing at L4-5. The plan of care included medications and authorization was requested for Gabapentin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, three times daily, quantity 90 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have chronic back pain and required surgery since medications including Gabapentin, Hydrocodone and Cymbalta were not sufficient. The direct response to Gabapentin use is unknown and continued use is not medically necessary.