

Case Number:	CM15-0114162		
Date Assigned:	06/22/2015	Date of Injury:	01/20/2012
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
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 59 year old female who sustained an industrial injury on 1/20/12. The mechanism of injury is unclear. She currently complains of neck pain and had a medial branch block that increased her ability to perform activities of daily living; low back pain. Her pain level is 5/10 with medication and 10/10 without medication. On physical exam there was tenderness of the cervical spine with decreased range of motion; decreased range of motion of the lumbar spine. Medications are Duragesic, citalopram, Lidocaine 5% topical gel, Butrans 5 mcg transdermal patch, bupropione. Diagnoses include cervical pain/ cervicgia; cervical disc degeneration; low back pain/ lumbago. Treatments to date include cervical median branch block with 100% relief of pain for one day; lumbar medial branch block with 100% relief of pain. Diagnostics include cervical MRI (no date) showing degeneration and osteophytes. In the progress note dated 4/23/15 the treating provider's plan of care includes a request for gabapentin 100mg, one every 12 hours as needed # 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 100mg capsule, 1 capsule by mouth every 12 hours as needed nte/2day #30; refills; 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-17, 18-19.

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 postherpetic 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 not have the stated conditions approved for Gabapentin use. The exam note from 5/11/14 did not show radicular or abnormal neurological findings. The claimant required invasive procedures to help with pain. Gabapentin is not medically necessary.