

Case Number:	CM15-0114780		
Date Assigned:	06/23/2015	Date of Injury:	11/06/1989
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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 York
 Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury on 11/6/89. He reported a back injury while moving a sheet rack. The injured worker was diagnosed as having lumbar spinal stenosis, back symptoms, lumbar disc displacement without myelopathy and lumbar region sprain/strain. Treatment to date has included physical therapy visits, chiropractic visits, TENS unit, oral medications including Norco and Flexeril and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 6/20/08 revealed broad based disc protrusion leading to mild central stenosis L4-5 with bilateral foraminal narrowing and mild bulging of L5-S1 with bilateral foraminal narrowing and degenerative changes of the facet. Currently, the injured worker complains of reports continued low back pain with radiation to buttocks and he also notes the left leg down to the knee has been painful for a couple weeks. He notes the pain goes down the lateral aspect of the left hip and down the anterior aspect of the left thigh to the knee. It is made worse with sitting and better with standing; he also reports having greater difficulty sleeping at night and finds it painful to lay down, he gets up periodically for 30 minutes to an hour which helps to alleviate his pain. His work status is noted to be permanent and stationary with permanent disability. He notes the Norco helps with the back pain, however does not help with the leg pain. There were no inconsistencies in urine toxicology screen. Physical exam noted no abnormalities of gait and normal muscle tone of bilateral lower extremities without atrophy. The treatment plan included a request for authorization for Gabapentin 600mg at bedtime and may increase to 1200mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; gabapentin Page(s): 16, 18-19, 49.

Decision rationale: CAMTUS guidelines recommend Gabapentin as a first line treatment for diabetic painful neuropathy and post herpetic neuralgia and recommended as a trial for lumbar spinal stenosis. The recommended trial period is "three to eight weeks for titration then one to two weeks at maximum tolerated dosage." The injured worker noted low back pain with radiation to his buttock and left leg, with no other neuropathic findings. The objective findings from the provider did not indicate the symptoms were neuropathic. The Injured Worker does not have a diagnosis of diabetes or post-herpetic neuralgia. Additionally, the submitted request does not include dosing or frequency. Therefore the request for Gabapentin is not medically necessary.