

Case Number:	CM15-0116118		
Date Assigned:	06/24/2015	Date of Injury:	08/16/1991
Decision Date:	07/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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 54 year old male who sustained an industrial injury on 08/16/91. Initial complaints and diagnoses are not available. Treatments to date include medications, and spinal fusion and hardware removal. Diagnostic studies include a MRI of the lumbar spine. Current complaints include back pain with lower extremity radicular symptoms. Current diagnoses include lumbar spondylolisthesis with chronic discogenic lumbosacral spinal pain with significant neuropathic dysesthesias, axial spinal pain and functional limitation; degenerative lumbar disk disease low back pain failed back surgery, depressive disorder and gastric reflux. In a progress note dated 05/12/15 the treating provider reports the plan of care as a sacroiliac joint injection and medications including ibuprofen, OxyContin, Cymbalta, Prilosec, methadone, and gabapentin. The requested treatment includes gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #450 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

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 have lumbar disc disease with significant radicular symptoms. However, the claimant had been on Gabapentin along with opioids for over a year. Recent notes did not indicate medication response. Chronic use is not indicated and not medically necessary.