

Case Number:	CM15-0119349		
Date Assigned:	06/29/2015	Date of Injury:	08/20/2011
Decision Date:	07/29/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/20/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 8/20/2011. She reported injury to her back while working as a janitor. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, lumbar spinal stenosis, lumbar sprain/strain, and lumbago. Treatment to date has included diagnostics, lumbar spinal surgery on 3/09/2015 and 3/10/2015, mental health treatment, physical therapy, and medications. Currently (5/22/2015), the injured worker complains of lower back pain, rated 9/10. Pain radiated to the bilateral thighs, legs, and feet. Pain was characterized as aching, burning, sharp, and throbbing. She stated that medications were not effective, although it was documented that her symptoms were adequately managed with current medication regimen. Pain level was unchanged since last visit. Quality of sleep was poor. Current medications included Hydrocodone-Acetaminophen, Pantoprazole, Lexapro, Senna, Gabapentin, Lunesta, and Cyclobenzaprine. A review of symptoms was positive for numbness, tingling, and bilateral lower extremity weakness. Also noted was urinary dribbling, frequency, and incontinence. Her gait was assisted by a walker. Motor exam was limited by pain and sensory exam was documented as normal. Her work status was total temporary disability. The treatment plan included continued medications, including Gabapentin. Urine toxicology (4/22/2015) showed the presence of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127.

Decision rationale: This claimant was injured in 2011, hurting the back while working as a janitor. The diagnoses were thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, lumbar spinal stenosis, lumbar sprain/strain, and lumbago. Treatment to date has included diagnostics, lumbar spinal surgery on 3/09/2015 and 3/10/2015, mental health treatment, physical therapy, and medications. As of May, there was still subjective lower back pain, rated 9/10. The pain radiated to the bilateral thighs, legs, and feet. She stated that medications were not effective. Yet, this is a request for continued Gabapentin. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. Further, the self admission is that the medicines do not help. The request is appropriately non-certified under the MTUS evidence-based criteria.