

Case Number:	CM15-0121380		
Date Assigned:	07/08/2015	Date of Injury:	12/17/2012
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, North Carolina
 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 36 year old female, who sustained an industrial injury on December 17, 2012. She reported a flare up of back pain. The injured worker was diagnosed as having lumbar radiculopathy. On February 23, 2015, an electromyography study was performed but the results are not included in the provided medical record. Treatment to date has included physical therapy, work modifications, and medications including oral pain, topical pain, antidepressant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: January 21, 2010 and March 1, 2010. There were no noted comorbidities. Work status is modified duty with limiting of sitting, standing, and walking to 30 minutes with 5 minute break or change in position and limiting kneeling, squatting, stooping, and bending to rare. She last worked in March 2015 due to there was no work was available and she was laid off. On May 29, 2015, the injured worker complains of continued low back pain. Her pain is rated: current back = 6/10, which has not changed with time. The back pain is stabbing and throbbing, and is equal on both sides. Associated symptoms include tingling of the left lower extremity to the toes, and tingling in bilateral feet, greater on the left than the right. The physical exam revealed a normal gait, ability to heel and toe walk, decreased lumbar range of motion, decreased sensation in the left lumbar 4, lumbar 5, and sacral 1 dermatomes, decreased muscle strength of the bilateral lower extremities, and positive bilateral straight leg raise testing at 60 degrees causing pain radiating to the posterior thighs. The treatment plan includes Gabapentin 600mg one-half tablet two times a day for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); **SPECIFIC ANTI-EPILEPSY DRUGS:** Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16-19.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs (also referred to as anti-convulsants) as a first-line treatment for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. Gabapentin has been considered as a first-line treatment for neuropathic pain. The medication records show that the injured worker is being treated for lumbar radiculopathy, which is an appropriate indication for Gabapentin. However, the requested quantity exceeds the quantity that is consistent with the prescribed Gabapentin 600mg one-half tablet two times a day. Therefore, the request for Gabapentin is not medically necessary.