

Case Number:	CM15-0121425		
Date Assigned:	07/02/2015	Date of Injury:	03/16/2012
Decision Date:	09/23/2015	UR Denial Date:	05/29/2015
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: 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 43 year old female who sustained an industrial injury on 03/16/2012. Current diagnoses include lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, and L4-5 annular tear. Previous treatments included medications, lumbar epidural steroid injections, TENS unit, physical therapy, chiropractic therapy, and acupuncture. Previous diagnostic studies include a lumbar spine MRI dated 06/08/2012. Initial injuries occurred to the lower back when the worker was carrying bundles of pants from one table to another table. Report dated 05/19/2015 noted that the injured worker presented with complaints that included low back pain with pain radiating down the bilateral lower extremity with associated numbness and weakness. Pain level was 4 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for spasm in the bilateral paraspinous musculature, tenderness in the spinal vertebral area L4-S1 levels, myofascial trigger points and twitch response in the paraspinous musculature bilaterally, limited range of motion in the lumbar spine secondary to pain, decreased sensitivity in the bilateral lower extremity, decreased strength, and straight leg raise was positive at 30 degrees. Currently the injured worker is not working. The treatment plan included requests for a lumbar spine MRI and left and right hip x-rays, return for follow up in one month, follow up with the primary treating physician, and renewed current medications which included Duloxetine DR, gabapentin, and Tramadol ER. Disputed treatments include gabapentin 600 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of gabapentin. "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first line treatment for neuropathic pain." The medical records submitted for review does indicate that the injured worker has complaints of neuropathic pain, but there is no electrodiagnostic testing used to support or confirm this diagnosis. Also, the provider has not included documentation to support functional improvement with the use of the prescribed medications. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Medical records indicate that the injured worker continues to be seen on a monthly basis and is currently not working. Therefore the request for gabapentin 600mg, #60 is not medically necessary.