

Case Number:	CM15-0121918		
Date Assigned:	07/06/2015	Date of Injury:	10/01/1990
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 10/1/90. The initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included medication and urine drug screen. Currently, the injured worker complains of lumbar pain, stiffness and spasms resulting in difficulty with prolonged sitting and standing. He also experiences difficulty lifting, pushing, pulling and bending. His pain is rated 3-4/10. He is diagnosed bilateral L4-L5 and L5-S1 facet joint pain and arthropathy, L5-S1 disc protrusion and lumbar strain and his work status is permanent and stationary. A note dated 5/20/15 states the injured worker's range of motion is decreased and guarded due to pain. A note dated 3/18/15 states the injured worker experiences approximately a 50%-60% improvement in pain from Gabapentin. His current medication regimen is allowing the injured worker to engage in activities of daily living, experience improved range of motion and sleep regimen. The note also states his gait is normal and he is able to toe and heel walk without any difficulties. The medication, Gabapentin 300 mg #90 with one refill, is being requested to continue to provide the injured worker with pain control and improved function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 90 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, a progress note on 3/18/2015, the provider noted that the patient has 50-60% pain relief on gabapentin, as well as exam findings consistent with neuropathy. As such, the currently requested gabapentin (Neurontin) is reasonable and medically necessary.