

Case Number:	CM15-0128628		
Date Assigned:	07/15/2015	Date of Injury:	06/14/2012
Decision Date:	08/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/02/2015

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

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 33 year old male, who sustained an industrial injury on June 14, 2012. Treatment to date has included left L5-S1 hemilaminotomy, foraminotomy and partial facetectomy on January 12, 2015, trigger point injections, ice therapy, physical therapy, orthotics, TENS unit, home exercise program, activity modifications. Currently, the injured worker complains of low back pain with bilateral lower extremity symptoms. He reports that physical therapy has helped decrease his pain and improve his range of motion but he continues to have tender trigger points. On physical examination the injured worker has tenderness to palpation over the lumbar spine and multiple tender trigger points of the lumboparaspinal musculature. He had a positive straight leg raise test and his gait is nonantalgic, slow and deliberate. The diagnoses associated with the request include protrusion of L4-5 and L5-S1 with radiculopathy and lumboparaspinal musculature trigger points. The treatment plan includes continued post-operative physical therapy, Tramadol ER, Naproxen, Pantoprazole and Cyclobenzaprine. A request was received for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300g topical with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury of 2012. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300g topical with 3 refills is not medically necessary and appropriate.