

Case Number:	CM15-0172758		
Date Assigned:	09/14/2015	Date of Injury:	08/24/2009
Decision Date:	10/14/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

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:

This is a 61-year-old female with a date of injury on 8-24-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar failed back syndrome, lumbar degenerative disc disease, lumbar disc herniation and spinal stenosis lumbar region. Medical records (1-21-2015 to 5-13-2015) indicate ongoing pain in her lower back, hips and thighs. She rated her worst pain as six out of ten and her average pain as four out of ten. The physical exam (1-21-2015 to 5-13-2015) revealed an antalgic gait. There was tenderness in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels. There was tenderness in the bilateral hips. Range of motion of the lumbar spine was restricted. Exam of the lumbar spine was positive for back pain. Treatment has included lumbar surgery and medications. Previously prescribed medications included Theramine, Sentra PM, Terocin lotion and Lidocaine patches. The original Utilization Review (UR) (8-31-2015) denied a request for Gabapentin 100% per 10-14-2011 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in August 2009 and continues to be treated for low back, hip, and thigh pain including a diagnosis of failed back surgery syndrome. When seen, pain was rated at 4/10 on average. Physical examination findings included an antalgic gait. There was lumbar paravertebral and bilateral hip tenderness. There was pain with spinal extension and side bending with decreased range of motion. There was a normal neurological examination. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.