MAXIMUS Federal Services

Case Number:	CM15-0179355		
Date Assigned:	09/21/2015	Date of Injury:	12/01/2010
Decision Date:	10/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 55 year old female sustained an industrial injury on 12-9-10. Documentation indicated that the injured worker was receiving treatment for cervicalgia, right shoulder pain, lumbar spine spondylosis, chronic pain syndrome and left plantar fasciitis. Previous treatment included physical therapy, acupuncture, epidural steroid injections, trigger point injections, psychiatric care and medications. In a visit note dated 5-21-15, the injured worker complained of low back pain rated 10 out of 10 on the visual analog scale without medications and 8 out of 10 with medications. Physical exam was remarkable for lumbar spine with mild tenderness to palpation to the left paraspinal musculature with positive left straight leg raise, lumbar spine range of motion restricted with flexion at 65 degrees and extension at 10 degrees, trigger points with radiating pain and twitch response to the cervical spine paraspinal musculature and left trapezius muscle, increased sensation to light touch to the left lower extremity and 3 out of 4 right knee jerk and 2 out of 4 left knee jerk. The physician documented that magnetic resonance imaging lumbar spine (12-2014) showed multilevel disc protrusions with foraminal narrowing and facet hypertrophy. The treatment plan included requesting authorization for neurology evaluation due to headaches, orthopedic evaluation for left shoulder, requesting extension for previously approved acupuncture and refilling medications (Oxycodone, Lidoderm patch, Ibuprofen, Prilosec, Rozerem and Gabapentin) On 8-14-15, Utilization Review non-certified a request for Gabapentin Cap 300mg #210 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cap 300mg #210 with three (3) refills: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "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." With regard to medication history, the medical records indicate that the injured worker has used this medication since at least 2/2015. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed. Furthermore, the request for 4-month supply is not appropriate as it does not allow for periodic reassessment and therefore is not medically necessary.