

Case Number:	CM15-0025470		
Date Assigned:	02/18/2015	Date of Injury:	10/03/1996
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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:

The 52 year old male injured worker suffered and industrial injury on 10/3/1996. The diagnoses were non-union of fracture, spinal stenosis of the lumbar spine and lumbago. The diagnostic studies were cervical magnetic resonance imaging and lumbar computerized tomography. The treatments were cervical and lumbar fusions, medications, physical therapy, epidural steroid injections. The treating provider reported low back, neck pain and bilateral lower extremity pain. The Utilization Review Determination on 2/4/2015 non-certified:1. Gralise 600mg 24 hour tablet, take 2 tablets by mouth daily, QTY: 90 with 1 refill. 2. orthopedic surgeon, for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg 24 hour tablet, take 2 tablets by mouth daily, QTY: 90 with 1 refill: Upheld

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 Gabapentin Page(s): 18.

Decision rationale: According to the MTUS, Gabapentin (Neurontin, Gabarone, generic available) 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. Gabapentin is also recommended for spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Continue treating with orthopedic surgeon, for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: There is no rationale in the documents available for review to substantiate why ongoing treatment with an orthopedic surgeon is medically necessary. Therefore, at this time, the requirements according to the guidelines for treatment have not been met. Medical necessity has not been established.