

<b>Case Number:</b>	CM15-0063015		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 3/21/2014. She reported back pain, from lifting boxes weighing 10-15 pounds. The injured worker was diagnosed as having lumbar intervertebral disc disease and pathologic fracture of humerus. Treatment to date has included lumbar magnetic resonance imaging, electromyogram study of the lower extremities, lumbar epidural steroid injection on 1/08/2015, physical therapy, and medications. Currently, the injured worker complains of continued pain of the low back, somewhat better, and was ambulating with a walker. Guarding and tenderness were noted to the lumbar spine. Neurologic exam was documented as unchanged. The treatment plan included stretching, continued walking, and Gabapentin (3/13/2015). A progress report, dated 3/17/2015, noted good pain relief after epidural injection, with significantly improved radicular symptoms, and the only real complaint was axial low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg, 120 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Page(s): 18 - 19.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Per available documentation, the patient has continued signs and symptoms of nerve injury postoperatively. The request for referral to neurological consult is considered to be medically necessary.