

Case Number:	CM15-0069919		
Date Assigned:	04/17/2015	Date of Injury:	09/29/2010
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 44-year-old male, with a reported date of injury of 09/29/2010. The diagnoses include status post lumbar laminectomy, chronic pain, and lumbar radiculopathy. Treatments to date have included oral medications, physical therapy, chiropractic treatment with limited benefit, lumbar spine surgery with limited benefit, a cane, an MRI of the lumbar spine, and electrodiagnostic studies. The initial pain medicine evaluation dated 03/09/2015 indicates that the injured worker complained of low back pain, with radiation down the left lower extremity. The pain was described as a shooting sensation and moderate to severe in intensity. The pain was rated 7 out of 10 with medications and rated 8 out of 10 without medications. It was noted that the pain was improved with taking medications. A physical examination of the lumbar spine showed moderately limited lumbar range of motion due to pain, decreased sensitivity touch and pinpoint along the L4-S1 dermatome in the left lower extremity, positive left seated straight leg raise test, and left foot drop. The treating physician requested gabapentin 600mg #90 for renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. There is no documentation that the patient developed neuropathic pain or responded to previous prescription of the medication. Therefore the request for Gabapentin 600mg #90 is not medically necessary.