

Case Number:	CM15-0071558		
Date Assigned:	04/22/2015	Date of Injury:	01/16/1990
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/15/2015

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

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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 1/16/1990. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease, knee pain, and myofascial pain. Treatment to date has included bilateral sacroiliac joint cortisone injection (7/30/2014), transcutaneous electrical nerve stimulation unit, home exercise, and medications. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities. Pain level was not rated. Physical exam noted lumbar paraspinal musculature tenderness to palpation and decreased sensation in L5-S1 bilaterally, right greater than left. Failed back surgery syndrome was referenced (date and procedure not specified) and he was unable to take non-steroidal anti-inflammatory medications. It was documented that Gabapentin helped his neuropathic pain. Current medication usage was not described. The treatment plan included Gabapentin continuance and home exercise program. The use of Gabapentin was noted since 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. There is an appeal dated 4/15/15, but this only contains guideline information regarding gabapentin rather than specifics to this injured worker. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.