

Case Number:	CM15-0077350		
Date Assigned:	04/24/2015	Date of Injury:	03/21/1991
Decision Date:	06/02/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 57 year old male, who sustained an industrial injury on March 21, 1991. He reported neck pain, back pain and headaches. The injured worker was diagnosed as having other symptoms referable to the back, thoracic or lumbosacral neuritis or radiculitis, lumbosacral spondylosis without myelopathy, intervertebral lumbar disc disorder with myelopathy of the lumbar region, headache and sleep disruptions. Treatment to date has included diagnostic studies, medications, conservative care and activity restrictions. Currently, the injured worker complains of neck pain, back pain and headaches with associated sleep disruptions. The injured worker reported an industrial injury in 1991, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 3, 2015, revealed continued pain as noted. He reported the pain was fairly well controlled with medications. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg, #90: 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 AEDs
Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy 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. A progress note from Feb 2015 does not indicate any functional benefit, but does state that the entire regimen of pain medications which include not only gabapentin but narcotics as well is helping to control pain. Given the absence of requisite documentation, the currently requested gabapentin (Neurontin) is not medically necessary.