

Case Number:	CM15-0092010		
Date Assigned:	05/18/2015	Date of Injury:	01/01/2008
Decision Date:	06/18/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on January 1, 2008. He reported low back pain. The injured worker was diagnosed as having lumbosacral multi-level disc bulging with lumbago, lumbar disc displacement, lumbar myofasciitis and lumbar radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, acupuncture, physical therapy, bilateral facet joint injections, epidural steroid injections, home exercises, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to bilateral lower extremities with associated tingling and numbness. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Magnetic resonance imaging revealed anterolisthesis with disc desiccation and bulges. Evaluation on October 16, 2014, revealed continued pain. A positive Kemp's test and straight leg test were noted. Evaluation on February 11, 2015, revealed worsening pain in the legs and low back. Gabapentin was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, 1/2 tablet three times a day for one week, then 1 tablet three times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 41, 75, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg, 1/2 tablet three times a day for one week, then 1 tablet three times a day, #90 is not medically necessary and appropriate.