

Case Number:	CM15-0094805		
Date Assigned:	05/20/2015	Date of Injury:	01/18/2008
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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: Pennsylvania, Ohio, 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 66-year-old male, who sustained an industrial injury on January 18, 2008. Treatment to date has included medications. Currently, the injured worker complains of neck and back pain. He reports that he is having shockwave therapy, which is helpful. His physical examination remained unchanged from previous evaluations. The diagnoses associated with the request include displacement of cervical intervertebral disc without myelopathy, low back pain, and chronic pain syndrome and neck pain. The treatment plan includes gabapentin and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medication Page(s): 18.

Decision rationale: MTUS recommends Gabapentin as a first-line anti-epileptic medication for treating neuropathic pain. The records in this case do not clearly document a neuropathic pain diagnosis. Additionally, the records do not clearly document benefit from past use of Gabapentin. For these reasons, the request is not supported by the treatment guidelines. The request is not medically necessary.