

Case Number:	CM15-0096587		
Date Assigned:	05/26/2015	Date of Injury:	12/24/1992
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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 53 year old male, who sustained an industrial injury on 12/24/1992. He has reported subsequent low back, left groin and lower extremity pain and was diagnosed with chronic postoperative pain, neuropathy of the lower extremity, testicular avulsion and chronic pain syndrome. Treatment to date has included oral, topical and injectable pain medication, iliohypogastric nerve blocks and surgery. In a progress note dated 04/16/2015, the injured worker complained of lower lumbar and left groin pain. Objective findings were notable for spasm and tenderness of the lumbar paravertebral muscles, positive facet loading and FABER tests and tenderness to palpation over the lumbar facet joints, sacroiliac joint and spasms. A request for authorization of a Gabapentin refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 100mg #84, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has lower lumbar and left groin pain. Objective findings were notable for spasm and tenderness of the lumbar paravertebral muscles, positive facet loading and FABER tests and tenderness to palpation over the lumbar facet joints, sacroiliac joint and spasms. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 100mg #84 is not medically necessary.