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| Case Number: | CM14-0141260 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 03/13/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old male who reported an injury on 03/13/2012. The mechanism of injury occurred while he was breaking molding. His diagnoses included chronic lower back pain with bilateral lower extremity radiating pain. The injured worker's past treatments included lumbar epidural injections, medications, surgery, and approximately 12 sessions of physical therapy. His diagnostic testing consisted of x-rays of the lumbar spine, MRI's of the lumbar spine, and nerve conduction studies. The injured worker's surgical history included a bilateral L5 transforaminal epidural on 10/22/2013 and a lumbar laminectomy on an unspecified date. On 03/24/2014, the injured worker complained of ongoing chronic back pain which caused difficulty sleeping and difficulty performing activities of daily living. The physical exam revealed moderate tenderness to the lumbar spine with moderate spasms. He also had decreased active range of motion of the lumbar spine that was 50% of normal and extension that caused pain radiating to the buttocks. The injured worker's medications included Ambien 15 mg, Atenolol 10 mg, Vicodin 5/500 mg, Trazodone 50 mg, Gabapentin 600 mg, Baclofen 10 mg, Zolpidem Tartrate 10 mg, and Tramadol 50 mg. A request was received for Gabapentin tabs 600 mg. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Tab 600mg: 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 Anti-Epilepsy Drugs Page(s): 16-18..

Decision rationale: The request for Gabapentin 600mg tab is not medically necessary. The California MTUS Guidelines recommend antiepilepsy drugs, such as gabapentin, for neuropathic pain due to nerve damage. 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. After the 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 clinical notes failed to indicate significant pain relief, objective functional improvement, and side effects with the use of Gabapentin. In addition, the submitted request does not specify the quantity or frequency. Thus, the request for Gabapentin Tab 600mg is not medically necessary.