

Case Number:	CM14-0144483		
Date Assigned:	09/12/2014	Date of Injury:	02/08/1998
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 64-year-old female with a 2/8/98 date of injury. At the time (8/25/14) of request for authorization for two refills to allow for weaning to discontinue Gabapentin 300mg, there is documentation of subjective findings of neck pain radiating to the arms, low back pain with muscle spasms and cramping radiating to the legs and objective findings of restricted cervical range of motion, tenderness over the lumbar spine with spasms, positive straight leg raise test, positive lumbar and cervical facet loading, decreased lumbar range of motion, diminished sensation in the L5 distribution, right foot drop, and decreased muscle strength of the bilateral lower extremities. The current diagnoses are lumbosacral spondylosis, degeneration of lumbar intervertebral disc, sciatica, cervicgia, and chronic pain syndrome. The treatment to date is ongoing therapy with Gabapentin with pain relief). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two refills to allow for weaning to discontinue Gabapentin 300mg: 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 Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, degeneration of lumbar intervertebral disc, sciatica, cervicalgia, and chronic pain syndrome. In addition, there is documentation of neuropathic pain. However, despite documentation of ongoing treatment with Gabapentin with pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for two refills to allow for weaning to discontinue Gabapentin 300mg is not medically necessary.