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| Case Number: | CM14-0173512 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 06/15/2000 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 Internal Medicine 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:

The injured worker (IW) is a 61-year-old man with a date of injury of January 1, 1992 to March 1, 1999 who sustained various injuries while performing his usual and customary work duties. The IW states that he sustained injuries to his neck and low back due to the strenuous and repetitive nature of his job duties. The IW is status-post three lumbar spine surgeries with residual pain and failed back surgery syndrome and S/P L4-S1 fusion in, and lumbar radiculopathy bilaterally. He had physical therapy following the spinal fusion. The first back surgery was performed in 2000. Although the first surgery was helpful, the rod that was placed in his back broke, and he underwent a second surgery in 2001 to have it fixed. MRI of the lumbar spine dated May 7, 2014 revealed status-post posterior spinal fusion from L4-S1 with associated disc space fusion, stable; and multilevel lumbar spondylosis with non-dynamic retrolisthesis at L1-L2 and L2-L3. According to a urine drug screening dated June 16, 2014, the IW was taking Cymbalta and Norco. Pursuant to the progress note dated September 18, 2014, the IW underwent a spinal cord stimulator implantation on September 3, 2014. The IW still has some discomfort in the neck, and back pain radiating into the right leg. She states that since the implantation, the pain is less in intensity and frequency, but is still present. Exam of the lumbar spine reveals that the two incision sites are nicely healed, clean and dry. The provider Norco 10/325mg #90, Gabapentin 300mg #60 BID for slight residual neuropathic pain that is present in the right lower extremity, and start Nortriptyline 25mg at night to help with anxiety and sleep, as well as a urine drug screen on the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg is not medically necessary. The guidelines recommend Gabapentin for some neuropathic pain conditions and fibromyalgia. It is used to treat diabetic neuropathy and post-herpetic neuralgia. It is used as a first-line treatment. In this case, the injured worker has back pain radiating to his right leg. The provider stated in his progress note, the injured worker has slight residual neuropathic pain that is present in the right lower extremity. On September 3, 2014 the injured worker underwent spinal cord stimulator implantation. The injured worker requires time to recover (from the stimulator implant) in addition to assessing functional improvement with the spinal cord stimulator implant. Additionally, there has been improvement in symptoms since the stimulator was placed. The formal request indicates Gabapentin 300 mg b.i.d. #60. Consequently, the Gabapentin 300mg is not medically necessary at this time. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Gabapentin 300 mg is not medically necessary at this time.