

Case Number:	CM14-0173627		
Date Assigned:	10/24/2014	Date of Injury:	04/26/2012
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old male with an injury date of 04/26/12. The 09/23/14 progress report by [REDACTED] states that the patient presents with chronic lower back and upper back pain with right shoulder pain with burning sensation rated 5/10. The patient is working with modifications. Examination shows tenderness to palpation with hypertonicity at the right trapezius and at the thoracolumbar paraspinal musculature. The patient's diagnoses includethoracic and cervical degenerative disc disease, myofascial pain, cervical radiculopathy and right shoulder pain. Medications are listed as Ultracet and gabapentin. The utilization review being challenged is dated 09/23/14. The rationale is that objective functional benefit is lacking and provided medication should be used for weaning. Reports were provided from 11/14/13 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg # 60 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with chronic lower and upper back pain with right shoulder pain with burning sensation rated 5/10. The reports provided show the patient has been prescribed this medication since at least 03/26/14; however, the medication had not been authorized as of 04/17/14. It is unclear exactly when the patient began using the medication after 04/17/14. MTUS has the following regarding Gabapentin. Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Recommendation is for authorization.

Gabapentin 300 mg # 60 date of service 9/10/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with chronic lower and upper back pain with right shoulder pain with burning sensation rated 5/10. The reports provided show the patient has been prescribed this medication since at least 03/26/14; however, the medication had not been authorized as of 04/17/14. It is unclear exactly when the patient began using the medication after 04/17/14. MTUS has the following regarding Gabapentin. Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The 09/23/14 report states, "Patient has found gabapentin to be effective. He is only taking it at night as morning dose made him drowsy. Medications help with pain about 40-50%, denies side effects. No constipation." The 03/26/14 report states the medication may be of benefit for neuropathic pain. In this case, neuropathic pain is present in this patient, the reports state use is for neuropathic pain and that it is of benefit to the patient. Recommendation is for authorization. The 09/23/14 report states, "Patient has found gabapentin to be effective. He is only taking it at night as morning dose made him drowsy. Medications help with pain about 40-50%. Denies side effects. No constipation." The 03/26/14 report states the medication may be of benefit for neuropathic pain. In this case, neuropathic pain is present in this patient, the reports state use is for neuropathic pain and that it is of benefit to the patient. Recommendation is for authorization.