

Case Number:	CM13-0024734		
Date Assigned:	11/20/2013	Date of Injury:	04/11/2011
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 underlying date of injury in this case is 04/11/2011. This patient is a 42-year-old man who has been treated for low back pain radiating to the lower extremities. He is status post an L4-L5 laminectomy and left-sided discectomy on 07/14/2011. The patient has had worsening radicular symptoms since 2011 despite conservative treatment including acupuncture, chiropractic, medication, and a home exercise program. An initial physician review in this case notes that the patient began a trial of gabapentin on 05/15/2013 and that the patient reported 15% better pain relief with better sleep and increased activities of daily living, but positive effects were not demonstrated at the 8-week followup. The initial reviewer notes that a very specific titration schedule should be followed and there should be documentation on each session as to a change in pain or function. Multiple treating physician notes indicate that the patient reports partial pain relief with the gabapentin and requests to continue it although still has significant ongoing pain and function limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-epileptic drugs/Gabapentin Page(s): 18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-Epilepsy Medications/Gabapentin, page 18, states this medication "has been considered as a first-line treatment for neuropathic pain...The medication appears to be effective in reducing abnormal hypersensitivity, appears to have anti-anxiety effects, and may be beneficial as a sleep aid." The treatment guidelines do not require strict documentation of functional improvement from this medication such as with more dependence-prone medications as similar to opioids. The medical records at this time do clearly indicate clearly indicate that the patient reports improvement in sleep and a reduction in perceived pain, and the treatment guidelines indicate that this medication may have a benefit of reducing the required dosage of other medications. Particularly given the patient's substantial ongoing pain with a clear neuropathic component based on the medical records, the guidelines do support this medication. A strict standard of functional improvement is not required for this medication as with opioids. This request is medically necessary.