

Case Number:	CM13-0028981		
Date Assigned:	12/04/2013	Date of Injury:	04/13/2006
Decision Date:	04/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational 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 patient is a 60 year-old male with date of injury 04/13/2006. The records indicate that he has been treating at [REDACTED] for at least 2 ½ years for the following diagnoses of degenerative disc disease of the lumbar spine, status post microlumbar decompression surgery, degenerative disc disease of the cervical spine, GI upset with medications and persistent psychological issues including depression and anxiety. The last available note for review is by [REDACTED] dated 10/21/2013 where the patient's current medications are listed as Gabapentin 600 mg q.i.d, Norco 10/325 mg q.i.d. p.r.n., Omeprazole 20 mg daily and Senna-S b.i.d. p.r.n. The patient has been on this regimen since at least July of 2012. Throughout the last two years the patient's subjective complaints have remained essentially the same. In general, he has complained of neck and low back pain which he rates a 7-9/10 with numbness and tingling in bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug Page(s): 19.

Decision rationale: From reading the patient's subjective complaints over the course of the last 2 years, it would appear that he has had little to no relief of his pain on the current drug regimen. Gabapentin does not appear to be useful in treating this patient's pain. A portion of the previous request for Gabapentin was authorized to allow the patient to be weaned from the medication. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. The combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%.