

Case Number:	CM13-0029951		
Date Assigned:	11/27/2013	Date of Injury:	08/08/2012
Decision Date:	10/29/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 8/8/12. The diagnoses include chronic pain; spondylolisthesis; history of multiple lumbar surgeries. Under consideration is a request for Gabapentin 600mg #120. There is a primary treating physician report dated 10/30/13 that states that the patient had an epidural yesterday with dramatic results. He is using Norco, Soma, Gabapentin. The patient was in better spirits but cried when his emotional state was discussed. On exam he has normal gait and transitions. His wound is healed. The treatment plan includes Hydrocodone, Soma, Gabapentin, psyche consult.

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 Antiepilepsy Drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Outcome Page(s): 18; 17.

Decision rationale: The guidelines state that Gabapentin 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. The guidelines state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation does not support the continued use of Gabapentin as it is unclear what response the patient has had from the Gabapentin. Additionally the documentation does not indicate functional improvement on Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 600mg #120 is not medically necessary.