

<b>Case Number:</b>	CM13-0042744		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Orthopedic Surgery 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:

This 59-year old female sustained an industrial injury on 1/22/10. The mechanism of injury is not documented. The patient is status post multiple lumbar spine surgeries. On 3/11/10, she underwent hardware removal and revision fusion L3-L5. The 1/21/10 lumbar spine MRI documented prior L4/5 bilateral pedicle screw fixation with artifact obscuring detail from L3/4 through L5/S1. The 12/15/10 EMG/NCV findings documented residuals of a prior L5/S1 radiculopathy with distal symmetric axonal peripheral neuropathy. X-rays were documented 1/26/12 with stable fixation at L4/5, some dehydration and degenerative changes at L5/S1, and grade 1 spondylolisthesis at L3/4. The 7/31/13 treating physician report indicated the patient was under treatment for failed back surgery with no change in symptoms. Gabapentin was prescribed for 900 mg at night and 100 mg three times a day which was beneficial for her neuropathic pain. Cymbalta was prescribed for 60 mg daily. No side effects were reported with any medications which were all helping and beneficial. Objective findings documented non-antalgic gait, lumbar paraspinal and bilateral sciatic notch tenderness, decreased lumbar range of motion secondary to pain, negative nerve tension signs, diffusely decreased lower extremity sensation, negative Tinel's, and bilateral grip strength weakness. The diagnosis included lower back pain, failed back surgery syndrome, peripheral neuropathy upper and lower extremities, and history of Sjorgen's syndrome with secondary fibromyalgia. The treatment plan recommended continuation of current medications and home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 100 MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 16-20.

**Decision rationale:** The request under consideration is for Gabapentin 100 mg #90. The California MTUS guidelines recommend the use of anti-epilepsy drugs (AEDs), like gabapentin, for neuropathic pain. This patient is status post multiple lumbar spinal surgeries with EMG evidence of residual L5/S1 radiculopathy and distal axonal peripheral neuropathy. The current dose of 1200 mg per day is within guideline recommendations. The treating physician has documented benefit with the use of this medication. Guidelines have been met for continued use. Therefore, this request for Gabapentin 100 mg #90 is medically necessary

**GABAPENTIN 300 MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Page(s): 16-20.

**Decision rationale:** The request under consideration is for Gabapentin 300 mg #90. The California MTUS guidelines recommend the use of anti-epilepsy drugs (AEDs), like gabapentin, for neuropathic pain. This patient is status post multiple lumbar spinal surgeries with EMG evidence of residual L5/S1 radiculopathy and distal axonal peripheral neuropathy. The current dose of 1200 mg per day is within guideline recommendations. The treating physician has documented benefit with the use of this medication. Guidelines have been met for the continued use. Therefore, this request for Gabapentin 300 mg #90 is medically necessary.

**CYMBALTA 60MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Page(s): 43-44.

**Decision rationale:** The request under consideration is for Cymbalta 60 mg #30. The California MTUS guidelines recommend Cymbalta as an option in the first line treatment of neuropathic pain and indicate that it has been found to be effective for the treatment of fibromyalgia in women. The patient has documented neuropathic pain and a history of fibromyalgia. The current dosage is within guideline recommendations of up to 60 mg twice daily. The treating physician

has documented benefit with this medication. Guideline criteria have been met for the continued use of this medication. Therefore, this request for Cymbalta 60 mg #30 is medically necessary.