

Case Number:	CM13-0042984		
Date Assigned:	12/27/2013	Date of Injury:	05/30/1996
Decision Date:	03/13/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 claimant is a 60 year-old man with an injury to the lumbar spine area dated 5/30/96. Office visit notes of [REDACTED], most recently dated 8/30/13, documents an individual with low back pain with radiation to the lower extremely right side. The claimant Is being treated with medications as well as an epidural steroid injection most recently performed on 2/1/13. On physical examination, the claimant was noted to be In moderate distress with antalgic gait with the use of a cane. Decreased range of motion of the lumbar spine was noted with decreased sensation along the L4-L5 dermatome. Diagnosis: Cervical Disc Degeneration (722.4); Cervical Facet Arthropathy (721.0); Cervical Radiculopathy (723.4); Status Post Cervical Spinal Fusion (724.9); Lumbar Facet Arthropathy (721.3); Lumbar Radiculopathy (724.4); Chronic Pain, Other (338.29); Left plantar fasciitis. Current Medications: 1 Gabapentin 600 Mg Tablet SIG: take I tab by mouth three times a day QTY: 90.00 2 Lidoderm 5% Patch %(700 Mg/patch) SIG: Apply I patch to area. 12 hrs on 12 hrs off QTY: 30:00 3 Naproxen Sodium 550 Mg Tab SIG: take I by mouth twice a day QTY: 60:00 4 Norco 10-325 Tablet Mg SIG: take I tablet by mouth every 4 hours as needed for pain (maximum 6/day) QTY: 180.00 5 Pennsaid 1.5% Solution SIG: apply as directed TID QTY: 3.00 REF: I 6 Protonix Dr 20 Mg Tablet SIG: take I tablet by mouth twice a day QTY: 60.00 7 Soma 350 Mg Tablet SIG: take I by mouth three times a day as needed for spasm QTY: 90.00 At issue for lack of medical necessity is the prescription for Gabapentin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on Goodman and Gillman's the Pharmacological Basis of Therapeutics, 11th ed.2006, Physician's Desk reference, 65th Ed, www.RxList.com, Official Disability Guidelines (ODG) Compensation Drug Formulary (online version), E

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain(Chronic)(Updated 1/7/2014)-Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants.

Decision rationale: Gabapentin 600 mg is recommended only for the purpose of weaning from opioid medication first. Records provided show he has been using this medication but there has not been any significant functional improvements reported with the extended use. The guideline supports the use of gabapentin only if there is evidence of functional improvements being made. 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. The patient should be asked at each visit as to whether there has been a change in pain or function. It does not appear as if this guideline was followed. It is not recommended to wean more than one medication at a time and opioids are still recommended to be weaned first. Therefore the continuous request for Gabapentin is not medically necessary. The Guidelines indicate that gabapentin is considered as a first-line treatment for neuropathic pain.