

Case Number:	CM13-0057491		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2000
Decision Date:	07/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family 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 61-year-old woman who was injured at work on 3/21/2000. The injury was primarily to her lower back, legs and knees. She is requesting review of a denial for the use of Dyotin (a long-acting form of gabapentin) for her chronic pain. The medical records corroborate ongoing care for the chronic pain associated with these injuries. These records include the Primary Treating Physician's Progress Reports (PR-2). The diagnoses specific to her injuries have included: Spondylosis of Unspecified Site Without Mention of Myelopathy; Lumbar Disc; Lumbago, Lumbar Radicular Pain, and Pain, Knee. Her medications have included: Morphine Sulfate, Avinza, Lactulose, Miralax, Lisinopril, Norvasc, and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin SR 250mg #120 for both knees and lumbar spine pain, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition, McGraw Hill, 2006; The Physician's Desk Reference, 65th Edition; and the www.RxList.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: The Chronic Pain Guidelines indicate that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. The guidelines also indicate that most randomized controlled trials for the use of this class of medication have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. Regarding the use of AEDs for chronic non-specific axial low back pain, the guidelines state that a recent review has indicated that this is insufficient evidence to recommend for or against AEDs for axial low back pain. The specific AED, gabapentin, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. Gabapentin may also be used for the following conditions: spinal cord injury, fibromyalgia, and lumbar spinal stenosis. When used, the guidelines state that there should be a recommended trial period for three to eight (3 to 8) weeks for titration, then one to two (1 to 2) weeks at a maximum tolerated dose. In reviewing this patient's medical records, there is no objective evidence to support that the patient's pain is neuropathic in nature. Specifically, there is no description of the quality of the pain in the subjective section of notes indicating that the pain has neuropathic qualities. Further, there is no documentation in the physical exam section with findings consistent with neuropathy. Finally, none of the diagnoses provided meet the guideline requirements for conditions that an AED, such as gabapentin may be used. Based on these findings, there is no evidence to support the use of Dyotin in this patient. The request is not considered as medically necessary.