

Case Number:	CM14-0003532		
Date Assigned:	01/31/2014	Date of Injury:	11/28/2005
Decision Date:	07/02/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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, 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 55-year-old who was injured on November 28, 2005. The mechanism of injury is unknown. UDS dated April 30, 2013 was negative for all substances. UDS (urine drug screen) dated June 19, 2013 was negative for all substances. PR2 dated November 20, 2013 indicates the patient had complaints of low back pain and bilateral lower extremity numbness and tingling. He rated his symptoms at 7/10. He continued with psychiatric for his depression. The patient's medications include gabapentin 600 mg three times a day, Terocin patch as topical pain reliever. The patient noticed that with these medications, he has decreased numbness and tingling in the lower extremity and Terocin patches are helpful in decreasing his pain without the use of opioids. Objective findings on exam revealed tenderness to palpation along the lumbar paraspinal musculature. The patient had decreased range of motion throughout the lumbar. The patient's sensation is decreased in the L4-L5 and S1 dermatomes. The patient had 5-/5 motor strength in the lower extremity. Straight leg raise was positive on the left at 60 degrees. The patient is diagnosed with degenerative disc disease of the lumbar spine with radiculopathy; L5-S1 spinal canal stenosis with occlusion of the left lateral recess; lumbar neural foraminal narrowing at multiple levels. The treatment and plan included the patient was given gabapentin 600 mg #90 with 3 refills to use up to three times a day for his neuropathic pain. The patient was given Terocin patches as well. The patient was instructed to continue with home exercises program and follow-up in four months. Prior UR dated January 3, 2014 states the request for one prescription of gabapentin 600 mg, #90 is non-certified as there is no evidence to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF GABAPENTIN 600MG, #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, antiepilepsy drugs are recommended for neuropathic pain. The guidelines document 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. PR2 dated November 20, 2013 indicates the patient had complaints of low back pain and bilateral lower extremity numbness and tingling. He rated his symptoms at 7/10. His medications include gabapentin 600 mg 3 times a day, Terocin patch as topical pain reliever, and he noticed that with these medications, he has decreased numbness and tingling in the lower extremity. According to the medical report, physical examination reveals symmetrically decreased sensation of the L4-L5 and S1 dermatomes and 5-/5 motor strength throughout the lower extremities. The patient is diagnosed with degenerative disc disease of the lumbar spine with radiculopathy; L5-S1 spinal canal stenosis with occlusion of the left lateral recess; lumbar neural foraminal narrowing at multiple levels. The treatment plan included gabapentin 600 mg ninety count with three refills to use up to three times a day for his neuropathic pain. The medical records do not establish the presence of neuropathic pain, such as caused by postherpetic neuralgia or diabetic polyneuropathy. The medical records do not quantify the reported decreased paresthesias with use of Gabapentin specifically. Also does not indicate this medication has provided any reduction in pain level, or objective evidence of improved function. 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 request for one prescription of gabapentin 600mg, ninety count with three refills, is not medically necessary or appropriate.