

Case Number:	CM14-0102433		
Date Assigned:	07/30/2014	Date of Injury:	10/09/1994
Decision Date:	09/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational 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:

Injured worker is a female with date of injury 10/9/1994. Per primary treating physician's progress report dated 5/29/2014, the injured worker complains of neck, mid and low back pain. She rates her pain as 6/10 and describes it as an aching sensation with stabbing and numbness radiating down the right lower extremity to the foot. She forgot to titrate the Gabapentin to three times daily. She is requesting a new lumbar corset today as hers is worn out. She can sit for 30-35 minutes at a time and stand for 10 minutes and walk for an hour. She reports that the Gabapentin is making her comfortable at night and decreasing her neuropathic pain. She denies any side effects of the medications and states they continue to decrease her pain and normalize her function. On examination she appears alert and oriented with no signs of acute distress. Gait is normal. She has diffuse tenderness to palpation of the cervical, thoracic and lumbar spine with bilateral paraspinal muscle tenderness. She has decreased range of motion in all planes of the C-spine as well as decreased range of motion in all planes of the L-spine. There is decreased strength of 5-/5 on the left EHL. Upper extremity strength is 5/5. Sensation is intact for upper extremities. There is decreased sensation to the left L4 through S1 dermatomes to pinprick. Straight leg test is positive on the left. Diagnoses include 1) chronic neck, mid back and low back myofascial pain 2) HNP of the cervical spine 3) status post low back surgery in 1998.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg QTY Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few randomized controlled trials (RCTs) directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. Medical necessity for the use of gabapentin has been established, however, the dosing and number of tablets being requested are inconsistent with the clinical notes. The progress note explains the treatment plan to increase Gabapentin 300 mg to twice daily, and then titrate to three times daily after two weeks. The request for authorization, however, is for Gabapentin 600 mg #60, which is not the dose discussed in the treatment plan. The request for Gabapentin 600 mg #60 is determined to not be medically necessary.