

Case Number:	CM14-0127715		
Date Assigned:	09/05/2014	Date of Injury:	02/05/1999
Decision Date:	12/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine and is licensed to practice in Washington DC and Virginia. 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 is a 47 year old patient who sustained injury on Feb 5 1999. He suffered from chronic, severe lower back pain. He underwent an intrathecal pump implantation and was diagnosed with lumbar radiculopathy. He was noted to have tingling, weakness and numbness in his lower extremities. His pump site was without issues. He was diagnosed with lumbago, thoracic/lumbosacral neuritis/radiculitis, postlaminectomy syndrome of the lumbar region and degeneration of lumbosacral intervertebral disc. He was prescribed: Fentanyl patch, Norco, Neurontin, Colace, Cipro, Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (Gabapentin 600mg) Scored Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17, 49.

Decision rationale: Per MTUS, Chronic non-specific axial low back pain: A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain (Chou, 2007). There is one randomized controlled study that has investigated

topiramate for chronic low back pain (Muehlbacher, 2006). This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Patients in this study were excluded if they were taking opioids. No patient had undergone back surgery. In terms of the Oswestry low back pain questionnaire scale, the differences in the placebo group and treatment group were significant, although the mean score in both groups remained 34. Reduction in pain rating index appeared to be correlated with weight reduction (see Topiramate below). The authors felt additional research was required to see if the results could be replicated and how long-lasting the benefits were. There are no other articles available that evaluate the use of other anti-epilepsy drugs in the treatment of chronic non-specific, non-neuropathic axial low back pain. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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 (see Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Gabapentin listing for more information and references). Per guidelines cited and the clinical documentation provided, there is no medical indication for this medication. Therefore, the request is not medically necessary.