

Case Number:	CM14-0133615		
Date Assigned:	08/27/2014	Date of Injury:	04/21/2011
Decision Date:	09/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on April 21, 2011. On that date she slipped on a piece of trash, her right leg caught underneath the clothing rack in front of her. She fell forward hitting her right frontal area just above the right eyebrow. She thinks she may have lost consciousness for a few seconds. Afterwards she was noted to have a black and blue left knee. She was diagnosed with a concussion. She received physical therapy for the neck, shoulders and knee. Her diagnoses include status post blunt head trauma with contusion to the right frontal/supraorbital area resulting in scar formation over the right corrugator, posttraumatic headaches, mild cognitive impairment, anxiety/stress at work, posttraumatic TMJ, right lower jaw pain, rule out traumatic root/tooth fracture, rule out posttraumatic root canal versus trigeminal neuralgia, elevated blood pressure. Gabapentin has been prescribed for her headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Up To Date: Overview of the Treatment of Chronic Pain, section on anticonvulsants; and Post Concussion Syndrome, section on Treatment.

Decision rationale: Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered first-line treatment for neuropathic pain. Additional conditions for which it may be indicated are spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. When it is used, a trial of 3-8 weeks for titration then 1-2 weeks at maximum tolerated dosage is recommended. The patient should be asked at each visit as to whether or not there is any change in pain or function. If there is inadequate pain control, there should be a switch to another medication. In this particular case, Gabapentin was being prescribed for post-concussion headache. The MTUS does not include headache as an indication for Gabapentin. Up To Date does not include headache as an indication for Gabapentin nor is Gabapentin one of the medications indicated for post-concussion syndrome or headache. Furthermore even if Gabapentin were to be indicated, the medical record should include documentation that the medication is resulting in decreased pain and improved function which it does not. The request is not medically necessary.