

Case Number:	CM14-0157897		
Date Assigned:	10/01/2014	Date of Injury:	12/27/2005
Decision Date:	10/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 and is licensed to practice in North Carolina. 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 39-year-old with a reported date of injury of 12/27/2005. The patient has the diagnoses of cervical disc bulge at C3/4, posterior occipital headaches, left shoulder impingement and thoracic outlet syndrome. Previous treatment modalities have included facet blocks and radiofrequency ablation. Previous MRI dated 01/11/2012 showed disc bulging at C3/4. Per the most recent progress notes provided by the primary treating physician dated 08/27/2014, the patient had complaints of continued pain radiating into the upper extremities as well as shoulder pain. The physical exam noted decreased range of motion in the cervical spine, tenderness over the paracervical facet joints, trigger points and positive Spurling's maneuver. Treatment recommendations included continuation of medications and follow up with the treating physician who performed the radiofrequency ablations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on anti-epilepsy drugs and specifically Gabapentin states: Gabapentin (Neurontin , Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007), (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998). It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. Mechanism of action: This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. (Arnold, 2007). Specific pain states: There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. (Peng, 2007) (Buvanendran, 2007)(Menigaux, 2005) (Pandey, 2005). The requested medication is a first line recommendation for the treatment of neuropathic pain per the California MTUS. The patient has evidence of neuropathic dysfunction consistent with median ulnar and radial neuropathy per EMG dated 01/05/2012. The patient also has diagnostic medial branch blocks. The diagnosis of neuropathic pain has been established. Therefore the request is medically necessary.