

Case Number:	CM14-0177064		
Date Assigned:	10/30/2014	Date of Injury:	07/22/2010
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 injured worker is a 49 year old female who reported an injury on 07/22/2010. The mechanism of injury was a fall. Her diagnoses include right ankle pain status post arthroscopy without sympathetic dystrophy, L5-S1 disc bulge with mild stenosis and annular tear, lumbar facet syndrome, insomnia, and possible stress syndrome. Her past treatments were noted to include physical therapy, crutches, bracing, night splinting, right ankle cortisone injections, lumbar epidural steroid injections, home exercises, cold compresses, topical creams, and medication. Diagnostic studies were noted to include 2 x-rays of the right ankle on 07/22/2010, MRI of the right ankle on 11/05/2010, MRI of the right shoulder on 12/06/2012, and an MRI of the lumbar spine on 12/14/2012. Relevant surgical history was not provided. On 05/13/2014, the injured worker reported 8/10 right shoulder pain, 9/10 low back pain, and 7/10 right ankle pain. She also reported left leg pain, however, a VAS pain level was not indicated. The injured worker was noted to be taking Gabapentin prior to the office visit. On 08/25/2014, she reported 5-6/10 left shoulder pain, 7-8/10 low back pain, 7-8/10 left lower extremity pain, and 6-7/10 right ankle pain. She reported bilateral lower extremity numbness. The physical exam findings revealed tenderness to palpation over the left lumbar paraspinal muscles with muscle spasms, decreased range of motion, decreased sensation, intact motor strength, and intact bilateral deep tendon reflexes. Additionally, there was right ankle tenderness to palpation of the anterior and lateral talofibular ligament, decreased range of motion, intact motor strength, and intact bilateral deep tendon reflexes. Her current medications were noted to include Gabapentin 600 mg. The treatment plan was noted to include a prescription for Gabapentin 600 mg twice daily as needed #90 with 3 refills for the treatment of neuropathic pain. A Request for Authorization form was dated 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg, #90 with 3 refills: Upheld

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

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

Decision rationale: The request for Gabapentin 800mg, #90 with 3 refills is not medically necessary. The California MTUS Guidelines recommend antiepilepsy drugs (AEDs) as a first-line treatment of neuropathic pain. The guidelines define a "good" response to the use of AEDs as a 50% reduction in pain and a "moderate" response as a 30% reduction, and any response below 30% should be reassessed for use of tricyclic antidepressants (TCA's) or serotonin and norepinephrine reuptake inhibitors (SNRIs), or combination therapy if treatment with a single drug agent fails. The guidelines recommend there be documented evidence of pain relief and functional improvement once AED treatment is initiated. The injured worker had pain relief from 05/2014 to 08/2014; however, the relief was minimal and there was insufficient documented evidence of significant objective functional improvement. Moreover, she was noted to be taking Gabapentin prior to the 05/2014 clinical visit; however, there was insufficient documentation of treatment reassessment after the injured worker reported persistent severe pain. Furthermore, the request for refills would not be indicated as it would not allow for periodic reassessment of efficacy of the medication prior to providing additional medication. Lastly, the request did not indicate the frequency in which the medication was prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Gabapentin 800mg, #90 with 3 refills is not medically necessary.