

Case Number:	CM14-0179597		
Date Assigned:	11/04/2014	Date of Injury:	02/08/2014
Decision Date:	12/09/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/29/2014

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 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:

This is a 33-year-old male who reported an industrial injury to the back and shoulder on 2/8/2014. The mechanism of injury is attributed to the performance of his usual and customary job tasks reported as pulling a metal shed twisting and feeling pain to the left shoulder and lower back. The objective findings on examination included lumbar spine paraspinal tenderness; diminished range of motion the lumbar sign; and AC joint tenderness. The patient was diagnosed with left shoulder pectoralis minor strain and lumbar spine HNP. The patient was treated with a back support; physical therapy; and medications. A CT scan of the lumbar spine dated 7/9/2014, documented a 6 mm disc protrusion at L4-L5 with mild spinal stenosis and 7 mm disc bulge at L5-S1 with listhesis resulting in severe bilateral neuroforaminal narrowing with probable compression of bilateral foraminal nerves. The electrodiagnostic studies of the bilateral lower extremities dated 7/26/2014 were interpreted as normal without a nerve impingement radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg 3 times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Specific Anti-Epilepsy Drugs Gabapentin Page(s): 16; 18. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Chapter 8/8/2008 page 110 and the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter-Medications for Chronic Pain

Decision rationale: The treating physician has prescribed gabapentin 300 mg TID #90 to the patient for the treatment of chronic back pain over a prolonged period of time; however, there is no documented neuropathic pain. There is no documentation of functional improvement with the prescription of the gabapentin 300 mg TID. There is no documented objective evidence of a nerve impingement radiculopathy. The patient is not demonstrated to have neuropathic pain for which gabapentin is recommended by evidence-based guidelines. The patient is not documented on examination to have neuropathic pain. The prescription of gabapentin (Neurontin) was not demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines (ODG) state that there is insufficient evidence to support the use of gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of gabapentin for neuropathic pain was not supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided prior to the prescription of gabapentin for chronic pain. Presently, there is no documented objective evidence of neuropathic pain for which the use of gabapentin is recommended. The prescription of gabapentin is recommended for neuropathic pain, and is used to treat postherpetic neuralgia and painful polyneuropathy, such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy, such as diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of gabapentin is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of gabapentin for chronic lower back pain with a subjective or objective radiculopathy, and favors alternative treatment. The request for gabapentin 300 mg TID #90 is not medically necessary.