MAXIMUS Federal Services

Case Number:	CM14-0039923		
Date Assigned:	09/03/2014	Date of Injury:	09/18/2009
Decision Date:	09/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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:

The claimant was injured on 09/18/09 when a shop light fell on his head and caused a contusion and possible concussion. Dyotin (gabapentin SR) is under review. His diagnoses also include cervical intervertebral disc displacement and cervical and thoracic sprains. He saw [redacted] on 12/12/13 for pain in the cervical and thoracic spines and was taking Anaprox as needed. He had tenderness to palpation over the trapezius and paravertebral muscles bilaterally with a positive shoulder compression test. Muscle strength was normal throughout the lower extremities. Sensation was normal in the right S1 distribution and decreased on the left side. He was having diffuse pain in the bilateral arms, trunk, and lower legs. A rheumatology consultation was recommended. He was prescribed a compounded, slow release form of gabapentin (Dyotin). His pain was level 8/10 before and after taking medication and he was taking Anaprox as needed. Cervical spine had limited range of motion with tenderness over the trapezius and paravertebral muscles. Spurling's test was positive. Cervical compression and cervical distraction tests were positive. He had limited range of motion and tenderness and hypertonicity about the lumbar spine. Kemp's test was positive. He had good strength and his sensation was normal. He had mildly decreased range of motion of the shoulders. He had diffuse pain. There was a question of polymyalgia rheumatica. [redacted] had diagnosed him with fibromyalgia. He was prescribed Ultram and gabapentin. He was prescribed gabapentin 250 mg sustained release. [redacted] quoted MTUS guidelines for gabapentin but not sustained release gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin SR (Gabapentin) 250 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Tramadol Page(s): 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - gabapentin.

Decision rationale: The history and documentation do not objectively support the request for Dyotin SR (gabapentin) 250 mg #120. The MTUS and ODG formulary state "gabapentin (Neurontin) 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." There is no clear evidence of neuropathic pain and polymyalgia rheumatica was the suspected diagnosis and was being evaluated. There is no evidence of diabetic neuropathy or postherpetic neuralgia. There is no evidence that all other first line drugs had been tried and failed, including acetaminophen. In addition, no reason was given for the sustained release formulation of gabapentin (Dyotin) instead of regular gabapentin. Neither the MTUS nor ODG support the use of sustained release gabapentin instead of the regular formulation, if use of gabapentin is deemed necessary. In this case, however, the use of Dyotin SR (gabapentin) 250 mg has not been clearly demonstrated.