

Case Number:	CM14-0053851		
Date Assigned:	07/07/2014	Date of Injury:	11/18/2003
Decision Date:	08/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 and Washington. 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 46-year-old female who reported an injury on 11/18/2003. The mechanism of injury was a motor vehicle accident. Her diagnoses include lumbosacral strain, abnormality of gait, cervical radiculopathy, lumbar spine neuritis or radiculitis, and cervicalgia. Her past treatments include medications, physical therapy, acupuncture, and injections. Per the clinical note dated 03/03/2014, the injured worker reported she had continued chronic pain in her neck and lower back. She reported her pain was 9/10 at its worst and 7/10 at its best. She reported the pain was constant and lasting throughout the day and it was exacerbated by sitting too long, standing, and/or walking. She reported it was relieved by resting and elevating her feet. She also reported that her symptoms included numbness and tingling. The physician reported on physical examination the injured worker had tenderness to palpation in the bilateral gluteal region, lumbar paraspinals, upper and mid trapezius bilaterally, right greater trochanter, and IT bands. He also reported trigger points were palpated in the upper trapezius, mid trapezius, and the lower trapezius bilaterally and the patient had an AFO on the left ankle. The physician reported there was decreased sensation to light touch noted in the left lateral thigh and the patellar reflex could not be elicited bilaterally and the patellar reflex and Achilles tendon reflex could not be elicited bilaterally. The physician reported the injured worker had been taking gabapentin 800 mg 3 times a day and it appeared that it was no longer adequately controlling her neuropathic pain. He also reported that the patient had been attending physical therapy and it was not helpful in helping to get her pain under control and he would need to consider other medications. The injured worker reported that she had prior trigger point injections that were helpful in the past and the physician reported he would proceed with trigger point injections at this appointment. The physician's treatment plan included a request for a Hoover chair, prescriptions, and physical therapy for her low back and right hip. Her current medications

included gabapentin 800 mg, gabapentin 300 mg, and Lidoderm 5% patches. The current request is for gabapentin 800mg #90 with 3 refills and gabapentin 800mg #90. The rationale for the request was to control neuropathic pain. The request for authorization form was provided on 03/12/2014.

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): 16-17.

Decision rationale: The current request for gabapentin 800mg #90 with 3 refills is non-certified. The California MTUS Guidelines state that gabapentin is recommended as a first-line treatment for neuropathic pain. The guidelines also indicate if inadequate control of pain is found, a switch to another first-line drug is recommended and the medication should not be abruptly discontinued and it should be done over the minimum of 1 week. The clinical documentation provided indicated the injured worker continued to have chronic neck and low back pain. The clinical note indicated that she was prescribed gabapentin 800 mg 3 times per day and it was no longer adequately controlling her neuropathic pain. Therefore, as the injured worker reported continuing to have chronic neck and low back, the physician reported it was no longer adequately controlling her neuropathic pain. The guidelines state a switch to another first-line drug is recommended for inadequate control of pain. The request also fails to provide the frequency for the medication. As such, the request for gabapentin 800mg #90 with 3 refills is non-certified.

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chronic neck and low back, the physician reported it was no longer adequately controlling her neuropathic pain. The guidelines state a switch to another first-line drug is recommended for inadequate control of pain. The request also fails to provide the frequency for the medication. As such, the request for gabapentin 800 mg #90 is non-certified.