

Case Number:	CM14-0070725		
Date Assigned:	07/14/2014	Date of Injury:	04/30/1998
Decision Date:	08/27/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on April 30, 1998. She has been diagnosed with chronic pain syndrome, cervicobrachial syndrome, fibromyalgia, myofascial pain syndrome, and opiate dependency. According to a progress note dated on July 19, 2011, the patient reports using the medications as directed. She continues to receive Morphine, Duloxetine, Trazodone, Tizanidine, and Pantoprazole. There have been two changes in the medications: the patient had stopped taking Modafinil and OxyContin had been discontinued in December 2010 and replaced by an extended release Morphine preparation, the daily opioid dose became 25% greater than it was when taking Oxycontin. The patient had discomfort in the left shoulder and hip rated at 3/10. She seems less anxious and less depressed and reported improvement in her sleep. According to a progress report dated March 24, 2014, the patient is complaining of pain in the head, neck, bilateral shoulders, thoracic spine, lumbar spine into bilateral buttocks, bilateral knees, and bilateral feet. The patient described the low back and bilateral buttock pain as constant, shooting, burning, and aching. The pain was rated at 4-8/10. The patient described the neck and bilateral arm pain as constant, throbbing, burning, and shooting. The patient reported migraine headaches with aura. The pain was rated at 3-5/10. The bilateral leg pain was described as constant with tingling, cramping, and numbing. This pain was rated 3-4/10. The patient has had physical therapy on and off, which resulted in worsening pain as well as trigger point injections. Her physical examination showed diffuse tenderness over the head and neck. Decreased range of motion was noted in the neck due to pain. Sensation was grossly intact and straight leg raise was negative. The patient was prescribed Neurontin on 2014, however there no documentation of the efficacy of the drug. The provider requested authorization for Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), 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 was no documentation that the patient has pain and functional improvement with previous use of Neurontin. There is no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin 300 mg is not medically necessary.