

Case Number:	CM14-0173492		
Date Assigned:	10/24/2014	Date of Injury:	02/26/2007
Decision Date:	03/11/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient with an injury date of 02/26/2007. A primary treating follow up visit dated 06/21/2014 showed the patient with subjective complaint of low back pain which sometimes radiates to bilateral lower extremities. He reported the medications help with about 50 percent of the pain. In addition, he finds relief from the use of a TENS unit. He is diagnosed with lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, spinal stenosis lumbar region, lumbar facet syndrome, lumbar radiculopathy, hypertension and diabetes type II. The following medications were prescribed; Topriramate, Omeprazole, Lidopro ointment. He was also prescribed to begin working parttime the following week. A request for services was made asking for the medication Gabapentin. The Utilization Review denied the request on 10/14/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cap 100mg, #90 no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: This patient presents with lower back pain, pain radiating to the bilateral lower extremities, L > R. The treater has asked for GABAPENTIN CAP 100MG #90 NO REFILLS but the requesting progress report is not included in the provided documentation. Patient has been taking Topiramate since 5/17/14 report. The treater is discontinuing Topiramate due to unspecified side effects, and starting the patient on a trial of Gabapentin. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has neuropathic pain from spinal stenosis of the lumbar region. The treater has requested a trial of Gabapentin. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. A trial of the requested gabapentin is reasonable for the patient's neuropathic symptoms. The request IS medically necessary.