

Case Number:	CM14-0218127		
Date Assigned:	01/07/2015	Date of Injury:	03/22/2013
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 sixty-nine year old female who sustained a work-related injury on March 22, 2013. A request for gabapentin was non-certified by Utilization Review (UR) on December 19, 2014. The UR physician utilized the California (CA) MTUS Chronic Pain Medical Treatment Guidelines in the determination. The CA MTUS recommends that antiepileptic drugs are recommended for neuropathic pain. Upon review of the submitted documentation, the UR physician determined that the injured worker had left knee pain for two years following her injury resulting from osteoarthritis which is not a type of neuropathic pain. In addition, the UR physician noted that the request for gabapentin did not include the strength or the quantity requested. A request for Independent Medical Review (IMR) was initiated on December 26, 2014. A review of the documentation submitted for IMR revealed that the injured worker sustained her work-related injury when she was knocked over. She reported emotional distress, anxiety and pain in her left knee and low back regions. An x-ray of the left knee on December 19, 2014 revealed arthritic changes at the patellofemoral joint, medial and lateral compartments of the knee. An x-ray of the lumbar spine on December 19, 2014 revealed narrow L3-4 and L5-S1 disc spaces, degenerative changes at multiple levels and facet hypertrophy at the L4-5 level. The relevant physical examination revealed tenderness of the lumbar paravertebral muscles from L4 to the sacrum and the left piriformis. There is diminished light touch sensation on the left in the region of the L5 and S1 dermatomes. The straight leg raise exam on the left was positive. Previous therapy included physical therapy, chiropractic therapy and acupuncture. Included in the documentation were physician evaluations from April 4, 2014 through December 11, 2014.

An examination dated December 11, 2014 revealed the injured worker complained of a painful left knee and rated the pain a seven on a ten-point scale. The diagnosis associated with the evaluation was tricompartmental arthritis of the left knee and dorsal lumbosacral strain with possible herniated disc of the lumbar spine. The evaluating physician's plan of care included a request for Gabapentin, unspecified strength and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin for an unspecified strength and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 16-22.

Decision rationale: Anti-convulsant medications like gabapentin are recommended for neuropathic pain. Recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (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. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathies suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this instance, there seems to be no actual dose or quantity for the requested gabapentin. The documentation does not speak to potential degree of pain relief from the gabapentin. Because the submitted documentation does not allow for assessment of the gabapentin to date and because there is no specified dose/quantity of gabapentin, gabapentin is not medically necessary.