

Case Number:	CM15-0002409		
Date Assigned:	01/13/2015	Date of Injury:	05/17/2013
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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 a 37-year old female, who sustained an industrial injury on May 17, 2013. A magnetic resonance imaging of the right hand revealed no bone or soft tissue abnormality at the symptomatic site as indicated by pain markers and a slight cystic change in the second metacarpal head laterally with mild joint capsule thickening. Treatment to date has included pain medication, heat/cold therapy, acupuncture to the cervical spine, orthopedic evaluation, EMG/NCV studies and routine monitoring. Currently, the IW complains of chronic pain in the wrists, neck and shoulders. The pain in the thumb area was reported as increasing, described as prickling and occurred when trying to use her hand. Physical exam was remarkable for reduced flexion of thumb and index finger. Flexion and extension of the thumb was painful. Diagnoses included right hand joint pain, repetitive stress injury, myofascial pain, cervical degenerative disc disorder, poor coping, left wrist tear, right shoulder tendinopathy and bursitis. Treatment plan included wrist braces, gabapentin and omeprazole prescription, TENS therapy and paraffin therapy. Work restriction included no work at this time. On December 15, 2014, the Utilization Review decision modified the request for Gabapentin 100mg, 60 count with two refills, to approve the medication as written without the refills, noting that this medication is an anti-convulsant and these medications are indicated for neuropathic pain or pain due to nerve damage. The workers pain was improved with the medication however there are clinical deficits noted on exam and there was no evidence of objective functional improvements, the request was therefore modified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On

January 2, 2015, the injured worker submitted an application for IMR for review of Gabapentin 100mg, 60 count with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide recommendations on the use of Anti-Epilepsy Drugs (AEDs), such as gabapentin, as a treatment modality. These guidelines state the following: AEDs are 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. Outcome: 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. Gabapentin (Neurontin, Gabarone™, generic available) 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. This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of post-herpetic neuralgia. Specific pain states: There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. Spinal cord injury: Recommended as a trial for chronic neuropathic pain that is associated with this condition. CRPS: Recommended as a trial. Fibromyalgia: Recommended as a trial. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has

been a change in pain or function. Weaning and/or changing to another drug in this class: Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. (Neurontin package insert) When to switch to pregabalin: If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications. There have been no head-to-head comparison trials of the two drugs. In this case the rationale for the use of this medication is unclear. The patient does not clearly have a neuropathy as the source of the pain. The patient does not have any of the conditions mentioned in the above guidelines which serves as an indication for the use of gabapentin. Further, there is insufficient documentation on the outcomes of the use of gabapentin. Specifically, there is insufficient documentation on the efficacy of gabapentin to relieve symptoms and restore function. Finally, there is insufficient documentation that there was a trial period that followed the above cited guidelines. For these reasons the use of gabapentin is not considered as medically necessary. It was appropriate, given the guideline statement regarding weaning, to allow tapering from this medication.