MAXIMUS Federal Services

Case Number:	CM15-0108424		
Date Assigned:	06/15/2015	Date of Injury:	09/30/2000
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency Medicine

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 75 year old male, who sustained an industrial injury on September 30, 2000. He reported developing pain in his low back and left shoulder when dumping "shot cans". The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in shoulder joint secondary to total joint arthroplasty, neck pain, and cervical myelopathy requiring urgent surgical decompression. Treatment to date has included physical therapy, MRIs, left shoulder surgery 2001, CT scan, x-rays, bilateral lower and upper extremity electro-myographies (EMGs), and medication. Currently, the injured worker complains of chronic low back pain with sciatic pain down the right buttock, back of leg and to the toes of the right foot, with numbness and cold sensation in the back of the right calf, and left shoulder pain with radiation into the left arm to the two middle fingers. The Treating Physician's report dated April 9, 2015, noted the injured worker reported increasing his Gabapentin at bedtime, using one in the morning, one in the afternoon, and two at bedtime, with the increase at bedtime helping him to sleep better at night. Physical examination was noted to show the injured worker with an antalgic gait, with sensation decreased in the L5 and S1 dermatomes, with lumbar spine spasm and guarding, and positive bilateral straight leg raise. The injured worker's current medications were listed as Lidoderm patches, Ketamine cream, Gabapentin, Capsaicin cream, Cozaar, Famotidine, Glipizide, Hydrochlorothiazide, Insulin, Metformin, Aspirin, and Vitamin D. The treatment plan was noted to include requests for authorization for a lumbar spine MRI, the prescribed current medications with an increase in the Gabapentin for a total of 5 tablets per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 mg 1-2/1/2/tabs in the AM/PM/night #150 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically for almost 1 year and there is no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Provider is also using a completely off label dosing of gabapentin. Gabapentin is not a "prn"(as needed) medication with the patient prescribed 800-1600mg in the morning, 800mg in the evening and 1600mg at night. This leads to a daily dosage of 3200-4000mg daily dose. FDA labeling recommends a maximum of 3600mg dose. There is no rationale documented as to why provider is prescribing an off label dosing at an above FDA recommended maximum dose in an elderly patient. The number of refills is completely inappropriate and does not allow for appropriate monitoring for improvement and side effects as required by MTUS guidelines. Gabapentin is not medically necessary.