

Case Number:	CM15-0132202		
Date Assigned:	07/20/2015	Date of Injury:	09/30/2000
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 9/30/2000. He reported cumulative injury to the low back from lifting exercise. Diagnoses include lumbar disc displacement without myelopathy, total joint arthroplasty, pain in joint, neck pain, diabetes, status post cervical fusion. Treatments to date include medication therapy, physical therapy. Currently, he complained of ongoing low back pain and left shoulder pain associated with radiation to the left arm down to the fingers. The back pain radiates down the right leg On 6/17/15, the physical examination documented lumbar tenderness with muscle spasms, decreased range of motion, decreased lower leg sensations bilaterally and guarding. The straight leg raise was positive bilaterally. The provider documented that Gabapentin had been increased prior to bed with good relief of neuropathic symptoms and increased sleep ability. The medication had been discontinued, and changed to Topamax, however, in April 2015 the gabapentin was utilized with good effect reported. The appeal requested authorization of Gabapentin 800mg, ½-1-2 tablets daily #150 date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #150 1-2/1/2 tabs, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, the requesting provider had temporarily wanted to increase the dosage of gabapentin from 4 tabs of the 800mg to 5 tabs of the 800mg per day. The rationale for this increase was increase in pain and difficulty sleeping. However, the FDA maximum for the indication of neuropathic pain is 3600mg/day and thus this increase is not within FDA prescribing guidelines. Furthermore, a request such as this should not have included 3 refills as titration is necessary at shorter intervals. Given these 2 factors, the original request for gabapentin 800mg with a quantity of 150 tabs is not medically necessary.