

Case Number:	CM15-0138781		
Date Assigned:	07/22/2015	Date of Injury:	08/01/1992
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51-year-old female, who sustained an industrial injury on 8/01/1992. The medical records submitted did not include details regarding the initial injury or prior treatments to date. Diagnoses include cervicgia with radiculopathy, headaches, left arm pain, left shoulder pain, thoracic outlet syndrome and constipation. Currently, she complained of pain in the neck radiating to right and left arm. The current medications listed included Gabapentin, Nucynta ER, and Percocet with 90% pain relief reported with use. On 6/30/15, the physical examination documented tenderness over palpation of cervical facet and muscle pain with trigger points noted. The plan of care included Gabapentin 600mg, three tablets by mouth three times a day; and Horizant 60mg tablets #60 and three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg QTY: 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Gabapentin: Drug information. Topic 8483, version 173. 0. UpToDate, accessed 08/21/2015.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the arms and jaw, left shoulder pain with arm tingling, headaches, and decreased sleep. The documented pain assessments were minimal but reported the worker had improved symptoms and function with the use of this medication. However, the treatment recommendations suggested a daily dose that is significantly higher than the maximum approved by the FDA. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 270 tablets of gabapentin 600mg is not medically necessary.

Horizant 60mg QTY: 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Gabapentin enacarbil: Drug information. Topic 16486, version 77. 0. UpToDate, accessed 08/15/2015.

Decision rationale: Horizant (gabapentin enacarbil) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend gabapentin use in general for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. This specific form of gabapentin is FDA-approved for the treatment of post-herpetic neuralgia and moderate-to-severe restless leg syndrome. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the arms and jaw, left shoulder pain with arm tingling, headaches, and decreased sleep. The documented pain assessments were minimal but reported the worker had improved symptoms and function with the use of this medication. There was no discussion suggesting the reason the long-acting form was needed or describing special circumstances that sufficiently supported this request. Further, the request is for a large number of refills, which would not account for changes in the worker's care needs. For these reasons, the current request for 60 tablets of Horizant (gabapentin enacarbil) 60mg with three refills is not medically necessary.