

Case Number:	CM15-0140080		
Date Assigned:	07/24/2015	Date of Injury:	10/31/2011
Decision Date:	08/20/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/09/2015

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 52 year old female, who sustained an industrial injury on 10/31/11. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculopathy and lumbar herniated nucleus pulposus. Treatment to date has included trigger point injections, Percocet, Naproxen and Gabapentin. As of the PR2 dated 6/8/15, the injured worker reports continued lower back pain that radiates to the left leg. She rates her pain a 7-9/10 and is unable to work. Objective findings include a positive straight leg raise test and decreased lumbar range of motion. The treating physician requested Gabapentin 300mg #90 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-18.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs), including Gabapentin, as a treatment modality. AEDs are recommended in the treatment of neuropathic pain. Gabapentin is considered a first-line treatment for neuropathic pain. In using an AED, the above-cited guidelines recommend that the clinician monitor appropriate outcomes in order to determine if the drug is effective. The following describes these clinically relevant outcomes: 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. In this case, the records support the presence of a radiculopathy. This includes the presence of dermatomal decrease in sensation (S1 area) as well as an abnormal electrophysiologic study performed in April 2013. Based on the documentation of an S1 radiculopathy, there is sufficient evidence in support of a trial of a first-line AED such as Gabapentin. Therefore, Gabapentin 300mg, #90 is considered necessary. Continued use of Gabapentin will require documentation of clinical outcomes, as described above.