

Case Number:	CM15-0143495		
Date Assigned:	08/04/2015	Date of Injury:	03/12/2014
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old woman sustained an industrial injury on 3-12-2014. The mechanism of injury is not detailed. Diagnoses include lumbar radiculopathy, cervical radiculopathy, and hand pain. Treatment has included oral medications. Physician notes on a PR-2 dated 6-5-2015 show complaints of neck and low back pain with radicular pain tot eh bilateral upper and lower extremities, bilateral hand and palm pain, headaches, and restricted range of motion. Recommendations include Gabapentin, Topamax, Mobic, Omeprazole, physical therapy, possible lumbar epidural steroid injection pending MRI report, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

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

Decision rationale: The patient presents with neck and low back pain radicular pain to the bilateral upper and lower extremities, bilateral hand and palm pain, headaches, and restricted range of motion. The current request is for Gabapentin 400mg, 60 count. The treating physician states, in a report dated 06/05/15, continue meds: Gabapentin 300mg 1 tab tid (55B). The MTUS guidelines for the usage of Gabapentin state that it is indicated for the treatment of neuropathic pain. In this case the treating physician report and the Request for Authorization do not match. The report states 300mg, 1 tab tid and the RFA states 400mg #60, 90. The physician appears to be increasing the quantity of Gabapentin from twice daily to three times daily, but indicates a 300mg dosage in his report. The reports reviewed do not show any functional relief or pain reduction with prior usage of Gabapentin. The current request is not medically necessary.

Gabapentin 400 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

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

Decision rationale: The patient presents with neck and low back pain radicular pain to the bilateral upper and lower extremities, bilateral hand and palm pain, headaches, and restricted range of motion. The current request is for Gabapentin 400mg, 90 count. The treating physician states, in a report dated 06/05/15, continue meds: Gabapentin 300mg 1 tab tid (55B). The MTUS guidelines for the usage of Gabapentin state that it is indicated for the treatment of neuropathic pain. In this case the treating physician report and the Request for Authorization do not match. The report states 300mg, 1 tab tid and the RFA states 400mg #60, #90. The physician appears to be increasing the quantity of Gabapentin from twice daily to three times daily, but indicates a 300mg dosage in his report. The reports reviewed do not show any functional relief or pain reduction with prior usage of Gabapentin. The current request is not medically necessary.

Topamax 25 mg, ninety count with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

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

Decision rationale: The patient presents with neck and low back pain radicular pain to the bilateral upper and lower extremities, bilateral hand and palm pain, headaches, and restricted range of motion. The current request is for Topamax 25mg, 90 count with two refills. The treating physician states, in a report dated 06/05/15, add Topamax 25mg day. (55B) The MTUS guidelines state, "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." In this case, the

treating physician has requested an initial trial of Topamax which is supported by the MTUS guidelines. The current request is medically necessary.