

Case Number:	CM15-0166902		
Date Assigned:	09/04/2015	Date of Injury:	02/20/2003
Decision Date:	10/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

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 58 year old female, who sustained an industrial injury on February 20, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having mechanical low back pain, discogenic low back pain and discogenic mid back pain. Treatment to date has included diagnostic studies, surgery, physical therapy, medication, psychiatric examination and neurology evaluation. On July 20, 2015, the injured worker reported migraines, back pain and numbness in her feet. Her low back pain was reported to radiating into both legs. Notes stated that her condition had worsened since her last evaluation. Current treatment included Nexium, gabapentin, tramadol, Topamax, Zanaflex and Maxalt medication. A request was made for Gabapentin 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg Q6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines state that Anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was limited history presented showing benefit from gabapentin at the currently prescribed dose (800 mg 3-4 times daily) compared to lower doses. Gabapentin studies suggest up to 2400 mg per day maximum as there are limited studies showing safety with larger doses. Also, previous reviewers suggested screening for kidney insufficiency severity while on this medication, of which there was no evidence provided for review. Therefore, based on the above factors, the gabapentin 800 mg #120 is not medically necessary.