

Case Number:	CM15-0181345		
Date Assigned:	09/22/2015	Date of Injury:	01/07/2003
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 01-07-2003. She has reported subsequent back pain and was diagnosed with acquired spondylolisthesis, chronic pain syndrome, degenerative lumbar disc disease, facet syndrome, postlaminectomy syndrome of the lumbar spine and lumbar spinal stenosis. MRI of the lumbar spine dated 03-17-2003 showed acute left paracentral herniated nucleus pulposus at L5-S1 causing mild to moderate neuroforaminal stenosis on the left. Work status was documented as modified. Treatment to date has included oral pain medication and was noted to provide some pain relief and surgery. Gabapentin was noted as being prescribed since at least 04-07-2015. As per the 06-17-2015 progress note, the physician noted that the injured worker had no remaining medications but was taking an old prescription of Carisoprodol due to inability to afford medications. Pain was noted as 9 out of 10. Blood pressure was significantly elevated. In a progress note dated 08-04-2015, the injured worker reported low back pain radiating to the left leg that was rated as 9 out of 10. The physician noted that the injured worker reported that Metaxalone was helping with muscle spasms discomfort and was being used daily. Kidney function was noted as having been compromised by non-steroidal anti-inflammatory medication. Mood, activities of daily living and sleep were noted to be affected by pain. Objective examination findings showed decreased range of motion of the lumbar spine with pain, tenderness to palpation of the lumbar spine, positive straight leg raising test on the left, weak left lower extremity strength, burning and tingling pain radiating to the left L4-S1 dermatomes and dysesthesia of the left leg below the knee level. A request for authorization of Gabapentin 300 mg #60 was submitted. As per the 08-17-2015 utilization review, the request for Gabapentin 300 mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #60: 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), Weaning of Medications.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In this case, a prior review from 03/30/15 recommended this medication with the warning that it would not be continued to be approved without documentation of pain relief and functional improvement. It was subsequently not approved due to a lack of documentation. At this point, the injured worker should have been completely weaned off of Gabapentin, therefore, the request for Gabapentin 300mg, #60 is determined to not be medically necessary.