

Case Number:	CM15-0184512		
Date Assigned:	09/25/2015	Date of Injury:	08/07/2007
Decision Date:	11/02/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/19/2015

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: North Carolina
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 61 year old male who sustained an industrial injury on 08-07-2007. According to a partially legible handwritten progress report dated 08-14-2015, subjective complaints included constant low back pain that was rated 4 on a scale of 0-10 and radiated to the right lower extremity. Objective findings included positive "IT band" and tenderness to palpation. Diagnoses included thoracic DDS, lumbalgia-lumbar intervertebral disc, lumbar sprain strain and lumbosacral or thoracic neuritis. The provider noted "no side effects of meds." Prescriptions listed on this report included Gabapentin 100 mg and Gabapentin 300 mg. A handwritten prescription dated 08-14-2015 was submitted for review and included Norco 10-325 mg #60. An authorization request dated 08-14-2015 was submitted for review. The requested services included Gabapentin 300 mg #60, Gabapentin 100 mg #90 and Norco 10-325 mg #60. The injured worker was permanent and stationary. Work status and disability status was not indicated in this report. Documentation shows use of Gabapentin dating back to March 2015. On 08-29-2015, Utilization Review non-certified the request for Gabapentin 100 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #90: Overturned

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 California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side- effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore, the request is medically necessary.