

<b>Case Number:</b>	CM15-0184547		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 48 year old female, who sustained an industrial injury on 10-5-09. The injured worker was diagnosed as having lumbar radiculopathy; post lumbar laminectomy syndrome; low back pain; encounter for long-term use of other medications. Treatment to date has included physical therapy; TENS unit; urine drug screening; medications. Currently, the PR-2 notes dated 8-27-15 indicated the injured worker was seen in the office for a "new patient evaluation" today. The provider documents "complains of left lower back pain that radiates to the left leg. She reports she is having a flare-up because of the long drive to [REDACTED]. She reports constant pain. She reports 'frustration and at times I am very depressed about my situation'. She describes her pain as follows: Low back pain is constant aching, stabbing and burning. The pain is better at rest, medications, TENS unit. The pain is worse with increased activity. She reports being able to perform the following activities without pain: brush he teeth, eating, seeing, hearing, speaking, feeling, smelling, tasting, writing, opening jars, turn facets on and off. She reports being able to perform the following activities with pain: dress herself, comb her hair, bathe-shower, get on and off the toilet, cooking, sitting, standing, light housework, typing, open doors, folding laundry, getting in and out of care, driving, sleeping. She gave her pain the following ratings: 6 at its best, 10 at its worst and 9 today." Her medications are listed by the provider as: Gabapentin 100mg 3 tabs at bedtime, Naproxen 550mg 1 daily; Norco 10-325mg tab one every 12 hours and Omeprazole DR 20mg capsule one daily. There is no start of finish date-time schedule noted for these medications. On physical examination, the provider notes the injured worker "appears to be fatigued, in moderate pain and tearful. She has slowed gait and is

assisted by a cane. Lumbar Spine: range of motion of lumbar spine is restricted with flexion limited to 20 degrees due to pain and is restricted with extension limited to 25 degrees due to pain. On palpation, paravertebral muscles, spasm, tenderness, tight muscle band and trigger point is noted on both sides. Tenderness noted over the gluteus muscles on both the sides, tenderness noted bilaterally to palpation of the sacroiliac joint." The provider's treatment plan includes recommendation of aquatic therapy, consider TPI as well as pain management-Yoga; increase Gabapentin to 300mg at bedtime and reduce Naproxen for only flare-ups. Refill Norco BID but not Percocet. A Request for Authorization is dated 9-19-15. A Utilization Review letter is dated 9-12-15 and modified the certification for a 1 prescription of Gabapentin 100mg #90 with 2 refills to a quantity of #68 only with the remaining #22 tablets and 2 refills noncertified. A request for authorization has been received for 1 prescription of Gabapentin 100mg #90 with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 prescription of Gabapentin 100mg #90 with 2 refills:** 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:** MTUS Guidelines are very supportive of the use of Gabapentin for neuropathic pain, which this patient has. By definition, a post laminectomy syndrome is neuropathic pain in the extremity that persists after surgical decompression. The pain is radiating down an extremity and is associated with a burning and pins/needles quality. This individual has been utilizing a very low dose at bedtime with reported benefit, but an adjustment to a higher dose is being attempted which is strongly supported in the Guidelines. The Guidelines are silent on the issue of refills, but it is reasonable to assume that if the medication is causing side effects, it will not be refilled by an individual. Under these circumstances, the 1 prescription of Gabapentin 100mg #90 with 2 refills is supported by Guidelines and is medically necessary.