

<b>Case Number:</b>	CM15-0185101		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, California

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 45-year-old male, with a reported date of injury of 03-24-2014. The diagnoses include non-union of left mid-foot arthrodesis, degenerative and herniated lumbar disc with sciatica, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculitis, lumbar spinal stenosis, left ankle pain, and status post left ankle surgery. Treatments and evaluation to date have included a CAM brace for the left foot, a bone stimulator, aqua therapy (not helpful), Gabapentin (since at least 02-2015), Lidoderm patch, Nucynta, Celebrex, and Doxepin. The diagnostic studies to date have included a CT scan of the left lower extremity on 08-26-2015 which showed open reduction in fracture of the first tarsometatarsal joint with bony fusion of 60% of the dorsal aspect; and of the second tarsometatarsal joint with bony fusion of 50% of the plantar and lateral aspects of the joint. The pain medicine re-evaluation (most recent medical report by the treating physician) dated 07-31-2015 indicates that the injured worker complained of low back pain, with radiation down the bilateral lower extremities, right greater than left and radiation to the bilateral feet. The pain was rated 8-10 out of 10 on average with medications since the last visit; and 8-10 out of 10 on average without medications since the last visit. The injured worker reported frequent gastrointestinal upset and moderate constipation. The requesting physician reported that "none of the medications help relieve the pain. The pain is reported as recently worsened." The injured worker reported ongoing activity of daily living limitations due to pain. It was noted that all of the non-opiate pain medications were helpful. The physical examination showed tenderness to palpation in the spinal vertebral area at the L4-S1 levels; significantly increased pain with flexion and extension of the lumbar spine; facet signs present in the lumbar spine bilaterally; decreased sensitivity to touch in the bilateral lower extremities; positive seated straight leg raise on the right for radicular pain at 50 degrees;

tenderness to palpation of the left foot; and decreased range of motion of the lower extremities and left foot due to pain. It was noted that an MRI of the lumbar spine on 01-07-2015 showed severe degenerative disc disease and dehydration at L1-2 interspace with a 3mm central protruded disc, moderate to severe central spinal and mild bilateral foraminal stenosis, a 3mm central protruded disc at L2-3 interspace that caused moderate central spinal stenosis, moderate bilateral facet arthropathy at L3-4 interspace which caused mild to moderate central spinal stenosis, and mild bilateral facet arthropathy at L4-5 interspace which caused mild central spinal and bilateral foraminal stenosis. It was noted that the injured worker was currently not working. The treatment plan included the renewal of medications including the increase of Gabapentin to 600mg #60, one tablet twice a day. The treating physician requested Gabapentin 600mg #60. On 09-10-2015, Utilization Review (UR) modified the request for Gabapentin 600mg #60 to duration of 1-2 months to allow for tapering. The patient sustained the injury due to a slip and fall incident. The patient had received an unspecified number of aquatic and PT visits for this injury. The medication list includes Celecoxib, pantoprazole, gabapentin, Nucynta, Doxepin and Lidoderm patch.

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

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

#### **Gabapentin 600mg bid #60: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Gabapentin 600mg bid #60. According to the CA MTUS Chronic pain guidelines regarding Neurontin/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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. The diagnoses include non-union of left mid-foot arthrodesis, degenerative and herniated lumbar disc with sciatica, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculitis, lumbar spinal stenosis. The diagnostic studies to date have included a CT scan of the left lower extremity on 08-26-2015 which showed open reduction in fracture of the first tarsometatarsal joint with bony fusion of 60% of the dorsal aspect; and of the second tarsometatarsal joint with bony fusion of 50% of the plantar and lateral aspects of the joint. Per the note dated 07-31-2015 indicates that the injured worker complained of low back pain, with radiation down the bilateral lower extremities, right greater than left and radiation to the bilateral feet. The physical examination showed decreased sensitivity to touch in the bilateral lower extremities; positive seated straight leg raise on the right for radicular pain at 50 degrees; tenderness to palpation of the left foot; and decreased range of motion of the lower extremities and left foot due to pain. The patient has had MRI of the lumbar spine on 01-07-2015 showed severe degenerative disc disease and central protruded disc and bilateral foraminal stenosis. The patient has chronic pain with a neuropathic component on objective findings. The patient has abnormal objective findings that are consistent with the patient symptoms. Anti-convulsants or anti-epileptic like

Gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 600mg bid #60 in patients with this clinical situation therefore the request is medically necessary.