MAXIMUS Federal Services

Case Number:	CM15-0185831		
Date Assigned:	10/01/2015	Date of Injury:	10/25/2001
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	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: Arizona, Texas
Certification(s)/Specialty: Internal 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 68 year old male, who sustained an industrial injury on 10-25-2001. The injured worker is undergoing treatment for cervical and lumbar degenerative disc disease (DDD), spondylosis and fusion and lumbar sacral radiculitis. Medical records dated 8-18-2015 indicate the injured worker complains of neck and back pain radiating to the right leg and down to the foot with numbness and tingling. He reports a flare up in July 2015. Physical exam dated 8-18-2015 notes decreased cervical range of motion (ROM) and deep lumbar tenderness greatest in the sacroiliac joint area with decreased range of motion (ROM). Deep tendon reflexes of the ankles and knees were unobtainable. Treatment to date has included Gabapentin, Topamax, Norco, Soma, 8-18-2015 indicates use "sparingly as he is able to manage his symptoms primarily with Butrans patches," cervical discectomy and fusion, lumbar fusion and physical therapy. The original utilization review dated 9-1-2015 indicates the request for topiramate 50mg, day supply: 30, # 90 with 5 refills is certified and Gabapentin 600mg day supply: 30, # 60 with 5 refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Tab 600mg Day Supply: 30, QTY: 60 with 5 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS gabapentin is an anti-epilepsy drug (AED), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also recommended for the treatment of chronic neuropathic pain. It is recommended as a trial for CRPS, Fibromyalgia and lumbar spinal stenosis. The recommended trial period is 3-8 weeks for titration, then one to two weeks at maximum tolerated dosage. In this case the patient has chronic pain associated with radiculopathy and neuropathy. He has been treated with both topiramate and neurontin in the past. The documentation doesn't support that the patient has had a meaningful decrease in pain or improvement in function while taking gabapentin. The requested medication is for a month supply with 5 refills. Functional improvement cannot be assessed given the number of refills. The request for gabapentin #60 with 5 refills is not medically necessary.