

Case Number:	CM15-0193638		
Date Assigned:	10/07/2015	Date of Injury:	01/23/2006
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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 49 year old male with a date of injury on 01-23-2006. The injured worker is undergoing treatment for lumbar degenerative disc disease, lumbosacral or thoracic neuritis, chronic pain, lumbar radiculopathy, and depression-major-non-specified. A physician progress note dated 06-19-2015 documents the injured worker has lower back pain with radiation to the right lower extremity. In a physician note dated 07-24-2015 there is documentation that the injured worker has constant low back pain with radiculopathy to both lower extremities. At its best his pain is rated 7 out of 10 and at its worst it is 9 out of 10. There is numbness, tingling and burning. Lumbar area is tender to palpation. Pain is not manageable with his current medications; he was authorized for only half of his medications. His pain is constant and increasing. A note dated 08-21-2015 documents the injured worker has constant low back pain with radiculopathy to his left lower extremity. Gabapentin was dispensed and will gradually taper up the dose as tolerated. There is documentation throughout the physician notes that he has been treated conservatively by multiple physicians. He has declined aggressive therapy and a functional restoration program. Treatment to date has included diagnostic studies, medications, home exercise program, psychiatric treatment, chiropractic sessions, trigger point injections, and physical therapy. Medications include Tramadol, Omeprazole, Cymbalta, LidoPro cream, and Gabapentin. A Magnetic Resonance Imaging of the lumbar spine done on 01-24-2006 revealed small left paracentral disc extrusion at L4-L5 extending inferiorly along the left lateral recess. There is moderate to severe central canal stenosis due to discogenic and facet disease and ligamentum flavum redundancy. There is mild degenerative disc disease at L5-S1. The Request for Authorization dated 08-21-2015 includes Gabapentin, Omeprazole and Tramadol. On 09-02-2015, Utilization Review non-certified the request for Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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 post-herpetic 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 post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. Additionally, there is no objective evidence of radiculopathy, therefore, the request for Gabapentin 300mg #90 is determined to not be medically necessary.