

Case Number:	CM15-0204883		
Date Assigned:	10/21/2015	Date of Injury:	06/11/2014
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 6-11-2014. Diagnoses include rule out right ankle fracture, bilateral degenerative joint disease of knees, bilateral degenerative joint disease of wrists, lumbar spine myofascial pain syndrome and degenerative disc disease, NSAID-induced gastritis, and history of gastric bypass surgery. Treatments to date include activity modification, medication therapy, bracing, heat-ice, and physical therapy. On 9-29-15, she complained of ongoing pain in the lower back, bilateral knees, and bilateral hands associated with numbness and weakness in upper extremities. The physical examination documented numbness and weakness of left upper extremity and trigger point noted at left trapezius. The record indicated all NSAID medications were discontinued, changed to Tylenol and "aggressive treatment for gastritis." The plan of care included initiation of Gabapentin-Acetaminophen. The appeal requested authorization for Gabapentin-Acetaminophen 100-325mg, one tablet three times a day, #90 with no refills. The Utilization Review dated 10-9-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Acetaminophen 100/325mg #90, No refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Compound drugs.

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 9/29/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "good" response to the use of AEDs 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 of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Therefore medical necessity has not been established, and determination is for non-certification.