

Case Number:	CM15-0020360		
Date Assigned:	02/09/2015	Date of Injury:	03/13/1998
Decision Date:	03/30/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/03/2015

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: Florida, New York, Pennsylvania
 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 was a 68 year old female, who sustained an industrial injury, March 13, 1998. According to progress note of January 7, 2015, the injured workers chief complaint was the upper mid back pain. The injured worker's pain level was 6-7 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as stabbing and burning in the upper mid back. When laying down the back pain radiates down into the lower extremities. The injured worker was unable to tolerate EMG (electromyography) of the lower extremities and the procedure was stopped half way through. The injured worker was able to perform activities of daily living. The physical exam noted an antalgic gait. There was tenderness over the right S1 joint, positive right one legged stork, tenderness to palpation of the thoracic spine at T8 and T12 level, dorsiflexion on the right was 4 out of 5, diminished sensation on the right L3, L4 and L5 dermatomes. The injured worker was diagnosed with T8 burst fracture 90% loss; T7 burst fracture, T12 compression fracture with 50% loss, status post lumbar fusion, and degenerative disc disease of the lumbar spine with radiculopathy, left knee internal derangement, right lumbar radiculopathy and right sacrolitis. The injured worker previously received the following treatments MRI thoracic spine on February 6, 2014, MRI cervical spine on February 6, 2014, MRI lumbar spine on February 6, 2014, bone scan on September 23, 2014, fusion of L5-S1 and wears a back brace. On January 7, 2015, the primary treating physician requested a prescription for Gabapentin 600mg #60. On February 3, 2015, the Utilization Review denied authorization for Gabapentin 600mg #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin 600mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Specific antiepilepsy drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 AED's Page(s): 16, 17, 18.

Decision rationale: There is a lack of expert consensus on the treatment of neuropathic pain in general. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful neuropathy. However Gabapentin has been found to exhibit positive effects on mood and quality of life and has been recommended for use with central pain, painful polyneuropathy, CRPS, Fibromyalgia and lumbar spinal stenosis but NOT myofascial pain. The issue in this case was that 600mg of Gabapentin was to be weaned 9/10/14 as a result of a reported failure in response and then discontinued. The patient however was reported to have continued to utilize a dose of 300mg because it was reported to be helpful for the pain and improved her functional status from a record dated 11/14/14. Based on the denial of gabapentin the medication was discontinued and the patient then reported that there was no measureable difference in her symptoms. Therefore a second trial of 600mg of Gabapentin would not be justified based on prior experience with the medication and stability in her status after full discontinuation of the medication. The UR Non-Cert is supported.