

<b>Case Number:</b>	CM15-0211272		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female who sustained an industrial injury on 12-14-06. A review of the medical records indicates she is undergoing treatment for chronic pain, lumbar radiculopathy, status post lumbar spine fusion, status post left shoulder arthroscopy; status post spinal cord stimulator removal, and status post hardware removal. Medical records (5-27-15, 6-24-15, 7-22-15, and 9-16-15) indicate ongoing complaints of low back pain radiating to bilateral lower extremities. She also reports neck pain that radiates to bilateral shoulders and hands with muscle weakness. She rates her pain "7-8 out of 10" with medications and "8-9 out of 10" without medications. The physical exam (9-16-15) reveals spasm in the trapezius muscles bilaterally. Vertebral tenderness is noted in the cervical spine and C5-7. Myofascial trigger points with twitch response are noted in the trapezius muscles bilaterally. Range of motion of the cervical spine is "moderately" limited by pain. Pain is noted to be "significantly" increased with flexion, extension, and bilateral rotation. The motor exam shows "moderate" decreased strength in the left upper extremity. Spasm is noted in the L3-S1 paraspinal musculature of the lumbar spine. Tenderness to palpation is noted in the bilateral paravertebral area at L4-5. Range of motion is noted to be "moderately" limited by pain. The sensory exam shows decreased sensation along the L5-S1 dermatome in the right lower extremity. The motor exam shows decreased strength of the extensor muscles along the L5-S1 dermatome in the right lower extremity. The straight leg raise is positive on the right at 45 degrees. Diagnostic studies have included MRIs of the cervical and lumbar spine, as well as left knee, an EMG-NCV of the bilateral lower extremities, and an MRA of the left shoulder. Treatment has included a caudal

epidural steroid infusion at right L5-S1, trigger point injections, and medications. Her medications include Celebrex, Lidocaine ointment, Gabapentin, Lyrica, Norco, and Pantoprazole. She has been receiving Gabapentin since, at least, 5-27-15. The 9-16-15 record indicates that the injured worker reports that "Lyrica works better than Gabapentin". The utilization review (10-17-15) includes a request for authorization of Gabapentin 300mg #90. The request was denied.

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

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

#### **Gabapentin 300 mg Qty 90: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in December 2006 while working as a leasing consultant and assistant manager. In August 2015, she was having radiating neck and radiating low back pain, left shoulder and neck swelling with pain, headaches, insomnia, and had symptoms of gastroesophageal reflux disease. Pain was rated at 7-9/10 and had worsened. Gabapentin was providing a 30% relief of pain. The dose was increased from 600 mg per day to 900 mg per day. In September 2015, pain scores were unchanged. Gabapentin is referenced as ineffective. Physical examination findings included appearing in moderate to severe distress. There was decreased and painful cervical and lumbar range of motion with tenderness and spasms. There was decreased left upper extremity strength and decreased right lower extremity strength and sensation. Trigger point injections were performed. Gabapentin was continued at the same dose. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended, but is not being titrated upwards. It is reported to be ineffective at the current dose which was increased at the previous visit. Ongoing prescribing at this dose is not medically necessary.