

Case Number:	CM15-0213413		
Date Assigned:	11/03/2015	Date of Injury:	01/20/2011
Decision Date:	12/16/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/29/2015

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 46 year old male who sustained an industrial injury on 1-20-2011. A review of medical records indicated the injured worker is being treated for chronic intractable axial neck pain, right parascapular pain, biceps pain, dorsoradial forearm pain, pain radiating to the thumb, index finger, and middle finger, and stenosis most notable C5-6 most likely cause of right arm pain, possibly C3-4 related as well. Medical records dated 10-23-2015 noted left hip pain as well as left thigh weakness with no new issues. Pain scale was unavailable. Physical examination noted diminished pinprick in left L3, L4 dermatome of the anterior thigh to knee level. There was muscle atrophy of the quadriceps muscle on the left. Treatment has included Ibuprofen, flexeril, Norco, and Gabapentin since at least 7-24-2015. Utilization review form dated 10-28-2015 noncertified Gabapentin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #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 antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy 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 antiepilepsy 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 antiepilepsy 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. In this case, the injured worker was previously taking Gabapentin 300mg with noted decrease in pain. However, there is a lack of functional increases with the use of this medication. It is not clear why there was an increase in dosage from 300mg to 600mg. The request for Gabapentin 600mg #90 is determined to not be medically necessary.