

Case Number:	CM15-0216847		
Date Assigned:	11/06/2015	Date of Injury:	10/21/2012
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This is a 29 year old male who sustained an industrial injury on 10-21-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine disc protrusion, lumbar spinal stenosis, lumbar radiculopathy, chondromalacia patella right knee, stress and anxiety. According to the progress report dated 8-11-2015, the injured worker complained of constant low back pain rated 7 out of 10 that radiated to the right lower extremity with numbness and tingling. He also complained of constant, bilateral knee pain and bilateral ankle pain. Per the treating physician (8-11-2015), the injured worker was temporarily partially disabled. Objective findings (8-11-2015) revealed positive straight leg raise bilaterally. Sensory exam of the lower extremities revealed dysesthesia to light touch over the L5 to S1 nerve root distribution bilaterally. Treatment has included a home exercise program and medications. Current medications (8-11-2015) included Percocet and Xanax. The request for authorization was dated 8-11-2015. The original Utilization Review (UR) (10-12-2015) denied a request for Gabapentin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Cream 240 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. It is not recommended as a topical medication. The request is not medically necessary.