

Case Number:	CM15-0030845		
Date Assigned:	02/24/2015	Date of Injury:	05/15/1996
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 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:

This is a 56 year old male sustained a work related injury on 05/15/1996. According to an office visit dated 02/05/2015, the injured worker was experiencing back stiffness and pain. The condition had existed for an extended amount of time. Pain was rated 9 on a scale of 1-10. Cervical pain was rated 6 and was described as aching, burning, deep, disabling, pounding, pressure, pulling headache. The injured worker was experiencing back stiffness and numbness and tingling. Knee pain was rated 8 and the injured worker experienced burning, swelling, tenderness and throbbing. Pain was described as aching, burning, cramping, exhausting, pinching, weakness, nagging, sore and stiff. Leg pain was rated 6 and 7 on a scale of 1-10. The injured worker was experiencing stiffness, swelling, tenderness and spasming. Pain was described as aching, burning, deep, shooting and stabbing. Medications prior to evaluation included Clonazepam, Docusate sodium, Fentanyl, Gabapentin, Lunesta, Melatonin, Naprosyn, Omeprazole, Percocet, Prestiq, Skelaxin, Super B Complex, Tamsulosin HCL, testosterone topical and vitamin c. According to the provider, Gabapentin was used for nerve pain to minimize the need for evening hot baths for neuropathic pain. According to the Utilization Review physician, the injured worker had been utilizing this medication since at least June 2014. However, there did not appear to be a change in the injured worker's symptoms, despite medication use. There were continued complaints of neuropathic pain in several recent progress reports. Per the doctor's note dated 1/22/15 and 2/19/15 patient had complaints of chronic pain in neck and back and knee and leg. Physical examination revealed limited range of motion of knee and back and decreased strength, positive Faber test and tenderness on palpation. The patient's

surgical history includes CTR, gastric surgery, knee, back and shoulder surgery. He has had MRI of the lumbar spine on 08/04/2008 that revealed lumbar spine disc herniation; disc protrusion and foraminal narrowing; EMG revealed L5-S1 radiculopathy. The patient had received spinal cord stimulator trial. The patient had received SI joint injection for this injury. The patient has had history of depression and had received psychotherapy. The past medical history includes poorly controlled DM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #270 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Gabapentin 800mg #270 with 3 refills. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ 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". Spinal cord injury: Recommended as a trial for chronic neuropathic pain". Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit". This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid". Pain was rated 9 on a scale of 1-10. Cervical pain was rated 6 and was described as aching, burning, deep, disabling, pounding, pressure, pulling headache. The injured worker was experiencing back stiffness and numbness and tingling. Knee pain was rated 8 and the injured worker experienced burning, swelling, tenderness and throbbing. Pain was described as aching, burning, cramping, exhausting, pinching, weakness, nagging, sore and stiff. Leg pain was rated 6 and 7 on a scale of 1-10. The injured worker was experiencing stiffness, swelling, tenderness and spasming. Pain was described as aching, burning, deep, shooting and stabbing. Per the doctor's note dated 1/22/15 and 2/19/15 patient had complaints of chronic pain in the neck and back and knee and leg. Physical examination revealed limited range of motion of knee and back and decreased strength. The patient's surgical history includes CTR, gastric surgery, knee, back and shoulder surgery. He has had MRI of the lumbar spine on 08/04/2008 that revealed lumbar spine disc herniation; disc protrusion and foraminal narrowing; EMG revealed L5-S1 radiculopathy. The patient had received spinal cord stimulator trial. The patient has had history of depression and had received psychotherapy. The past medical history includes poorly controlled DM. The patient has chronic pain with a neuropathic component. The patient has significant abnormal objective findings that are consistent with the patient's symptoms and history. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 800mg #270 with 3 refills in patients with this clinical situation therefore the request is deemed medically necessary