

Case Number:	CM15-0039749		
Date Assigned:	03/10/2015	Date of Injury:	05/06/1991
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 57 year old female, who sustained an industrial injury on May 6, 1991. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having right sacroiliac joint pain, status post percutaneous permanent spinal cord stimulator implant, failed back surgery syndrome, right L4 radiculopathy with lower extremity weakness, right L5 radiculopathy with lower extremity weakness, postsurgical changes and L4-L5 fusion, disc protrusion at L5-S1 measuring 2mm with central stenosis, disc protrusion at L3-L4 measuring 3mm with mild central stenosis and bilateral foraminal stenosis, disc protrusion at L2-L3 measuring 4mm with mild central stenosis and bilateral neural foraminal stenosis, right paracentral disc protrusion at L1-L2 measuring 2mm with mild central stenosis, lumbar degenerative disc disease, and lumbar facet joint arthropathy. Treatment to date has included L4-L5 fusion in 1992, percutaneous spinal cord stimulator, TENS, activity modification, and medication. Currently, the injured worker complains of bilateral low back pain radiating into the bilateral anterolateral and posterior thighs, bilateral anterolateral and posterior calf, and bilateral big toe with numbness and paresthesias. The Primary Treating Physician's Comprehensive Medical-Legal Evaluation Report dated January 20, 2015, noted the previous denial rationale for Gabapentin was that the medication was for a seizure disorder, which the injured worker does not have, however the Physician noted the MTUS guidelines also consider Gabapentin for first line treatment for neuropathic pain, which the injured worker does have. He was noted to show tenderness to palpation of the proximal implantable pulse generator (IPG) site, with lumbar range of motion (ROM) restricted by pain in

all directions. Lumbar discogenic provocative maneuvers were positive, as were the right sacroiliac joint provocative maneuvers, Patrick's, and Gaenslen's. Tenderness was noted at the sacral sulcus with a positive right straight leg raise. A progress report dated December 23, 2014 states that gabapentin improves the patient's pain by 50%, improves as function by 50%, and has made self-care and dressing easier. His Disability Index score has been reduced as a result of gabapentin. There are no intolerable side effects from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Gabapentin 300 mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of specific analgesic benefit and specific objective functional improvement with no side effects from this medication. As such, the currently requested gabapentin (Neurontin) is medically necessary.