

Case Number:	CM15-0040079		
Date Assigned:	03/11/2015	Date of Injury:	09/22/2006
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 40 year old female who sustained injury on 9/22/06 from a slip and fall involving her right wrist and low back. She had three wrist and one elbow surgery due to ulnar nerve lesion. She currently complains of severe right shoulder pain, lateral neck pain radiating to fingertips. Her pain intensity is 7/10. Medications are Duragesic, hydrocodone-acetaminophen, Tiagabine HCL, Neurontin, Xanax, and Zoloft. Diagnoses include anxiety; depression; ulnar nerve lesion, right ulnar nerve transposition; triangular fibrocartilage complex repair; complex regional pain syndrome; ulnar osteotomy, hardware removal; left knee arthroplasty; wrist tenosynovitis; low back pain; bicipital tenosynovitis; causalgia upper limb. Treatments to date include medications, physical therapy. Diagnostics include electrodiagnostic test (no date) showing ulnar nerve lesion. In the progress note dated 1/22/15 the treating providers plan of care include Tiagabine for neuropathic pain caused by complex regional pain syndrome and Neurontin. The efficacy of Neurontin has diminished but Tiagabine authorization is pending and Neurontin is requested for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 16-19.

Decision rationale: Per MTUS: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. Mechanism of action: 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. (Arnold, 2007) Specific pain states: There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. (Peng, 2007) (Buvanendran, 2007) (Menigaux, 2005) (Pandey, 2005) This patient had developed a decreased response to neurontin, as per clinical documentation provided. The patient had long standing issues with neuropathic pain. A weaning process should be initiated and is medically necessary.

Tiagabine 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 22.

Decision rationale: Per MTUS: Levetiracetam (Keppra, no generic), Zonisamide (Zonegran, no generic), and Tiagabine (Gabitril, no generic), are among the antiepileptic drugs (AEDs) most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. (Guay, 2003) In addition, underlying depression and anxiety symptoms may be exacerbated by levetiracetam. (Ettinger,

2007) The patient has ongoing issues with neuropathic pain and has developed a decreased response to gabapentin. This medication is medically necessary.