

<b>Case Number:</b>	CM15-0050021		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 55 year old male with an industrial injury dated 01/30/2014. His diagnoses included headaches, ear pain, hearing loss, cervical spine sprain/strain and cervical radiculopathy. Prior treatments included physical therapy, acupuncture, shockwave therapy and medications. He presents on 01/22/2015 with complaints of sharp, throbbing headaches rated as 6-7 on a scale of 1-10. Objective findings noted decreased range of motion of the cervical spine. Motor strength was decreased secondary to pain in the bilateral upper extremities. Treatment plan included pain patch, TENS unit, physical therapy and acupuncture to the cervical spine, continue shockwave therapy, functional capacity evaluation, bone stimulator, medications (Gabapentin) and neurology and ear, nose and throat consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fanatrex (Gabapentin) 25 mg/ml 5 ml TID 420 ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

**Decision rationale:** Fanatrex is an oral suspension of gabapentin. The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic 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 anti-epilepsy 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The injured worker is reported to have cervical spine radiculopathy with pain rated at 8/10. Medications are reported to provide moderate temporary relief of pain which has improved sleep. The medical reports do not provide information that indicates that use of gabapentin has provided relief and significant improvement in function as recommended by the MTUS Guidelines. The medical reports do not provide support for the use of an oral suspension of gabapentin over tablets formulation. The request for Fanatrex (Gabapentin) 25 mg/ml 5 ml TID 420 ml is considered to not be medically necessary.