

Case Number:	CM15-0051558		
Date Assigned:	03/25/2015	Date of Injury:	01/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 47 year old female, who sustained an industrial injury on January 22, 2014. She reported neck and back pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar sprain and strain, cervical sprain and strain, closed head injury, and rule out carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, activity modifications, and work restrictions. Evaluation on February 17, 2015, revealed continued pain 5-6/10 in neck and back, which is dull, sharp, burning, throbbing, and tingling with associated numbness. She was on a gabapentin for neuralgic pain and reported no side effects, although she also reported no significant benefit with the medication. The plan included requests for conservative therapies and increasing the dose of gabapentin to 1800 mg daily. On March 9, 2015, Utilization Review non-certified the request for gabapentin 1800 mg daily based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 1800 mg daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the cited MTUS, anti-epilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker (IW), she has had no documented reduction in pain; however, she is still in the initial titration phase, which can last three to eight weeks, then one to two weeks at maximum tolerated dosage. Considering that gabapentin at 1800 mg daily is half of the maximum recommended dose, it may be reasonable for her to continue the trial period, and reassess efficacy. Therefore, gabapentin 1800 mg daily is medically necessary and appropriate.