MAXIMUS Federal Services

Case Number:	CM15-0087520		
Date Assigned:	05/11/2015	Date of Injury:	08/09/2004
Decision Date:	06/18/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 60 year old male sustained an industrial injury to the low back and neck on 8/9/04. The injured worker underwent lumbar fusion on 1/10/11. Recent treatment included medications and home exercise. No recent diagnostic studies were available for review. In a PR-2 dated 12/4/14, the injured worker was prescribed Skelaxin 800 mg (#100 with three refills) for muscle spasms as well as Ativan 1 mg #30 with three refills, Norco 10/325mg #100 with no refills, Ultram 50mg #100 with three refills, and Lyrica 75mg #60 with three refills. In a PR-2 dated 4/8/15, the complained of frequent episodes of low back pain with pain and numbness radiating down the right lower extremity to the foot as well as right sided neck pain. The physician noted that Gabapentin helped the injured worker to rest without experiencing involuntary jerks or movements. At the time of exam, the injured worker rated his pain 5-7/10 on the visual analog scale. The injured worker reported that without medications his pain was 9/10 and 5/10 with medications. Current diagnoses included status post lumbar fusion, status post cervical spine fusion and right carpal tunnel syndrome. The treatment plan included prescriptions for Norco 10/325mg #100 with no refills, Ultram 50mg #100 with no refills and Gabapentin 300mg, #60 with no refills and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. There is also no evidence of functional improvement (i.e. the patient is not working) while taking this medication. As such, without any evidence of neuropathic type pain, the request for Gabapentin 300mg #60 is not medically necessary.