MAXIMUS Federal Services

Case Number:	CM14-0110606		
Date Assigned:	08/01/2014	Date of Injury:	12/30/2011
Decision Date:	10/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 53-year-old male patient who reported an industrial injury on 12/30/2011, almost three (3) years ago, attributed to the performance of his usual and customary job duties reported as a fall from a bucket suspended in the air. The patient was being prescribed Lidoderm cream 4%; Fluocinonide 0.05%; Gabapentin 100 mg; Ibuprofen 800 mg; and Omeprazole 40 mg. The patient was noted to have had surgical intervention to the neck and back during March 2012 with the hardware insertion. The patient was reported to have fallen from a suspended bucket when a woman got into the cab of the truck and drove off with him suspended. The patient sustained multiple injuries to the head, spine, and knee and underwent surgery for spinal decompression with hardware and a total knee replacement. The patient had a complicated postsurgical course with a secondary infection and prolonged hospitalization. The patient is been under the care of an orthopedic surgeon, neurosurgeon, psychologist, urologist, ENT specialist, and pain specialist. The patient is reported chronic pain of the back, neck, knee, and legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 capsules of Gabapentin 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 16, 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 16; 18; 110. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medications for Chronic Pain

Decision rationale: The treating physician has prescribed Gabapentin 100 mg #90 to the patient along with high dose opioids for the treatment of neuropathic pain over a prolonged period of time. The treating physician is noted decreased pain with the use of Gabapentin as the opioids have been titrated down over a period of time. There is documentation of functional improvement with the prescription of the Gabapentin 100 mg. There is documented objective evidence of a nerve impingement radiculopathy and neuropathic pain. The patient is noted to be status post cervical spine fusion and status post lumbar spine fusion. The patient is demonstrated to have neuropathic pain for which Gabapentin has provided functional improvement. The patient is documented on examination to have neuropathic pain for which the patient has received functional benefits from the use of Gabapentin. The prescription of Gabapentin (Neurontin) was demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however, the ACOEM Guidelines. Gabapentin or Pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The California MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The patient has demonstrated neuropathic pain secondary to a nerve impingement neuropathy as neuropathic pain for which Gabapentin/Lyrica is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/Gabapentin/Pregabalin) as a first-line therapy for painful polyneuropathy, such as, diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Gabapentin.