

Case Number:	CM14-0116670		
Date Assigned:	08/06/2014	Date of Injury:	03/18/1997
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 62-year-old female who reported an injury on 03/18/1997. The mechanism of injury occurred as a result of a fall in the bathtub. Her diagnoses included cervical spondylosis with myelopathy, neurogenic bladder, neurogenic bowel, lumbago, chronic pain syndrome, spinal stenosis of the cervical region, reflex sympathetic dystrophy of the lower limb, spinal stenosis of the lumbar region, muscle spasms, and depressive disorder. The injured worker's past treatments included aquatic therapy, physical therapy, medications, injections, and surgery. Her diagnostic exams included an MRI and x-ray of the cervical spine. Her surgical history consisted of a cystoscopy and myogenic injection. On 02/10/2014, she complained of pain and depression, but felt she was improving with her medications. She also complained of pain to the neck at all times. The injured worker stated that with her current medication regimen, her average pain was 6/10 to 8/10. The physical exam revealed multiple neurological symptoms, memory deficits, chronic pain, restless leg syndrome of the right leg, neurogenic bowel/bladder, lumbago, depression, and disorientation. The injured worker's medications included Percocet 10/325 mg, Ambien 12.5 mg, Celebrex 200 mg, Requip 0.25 mg, Xanax 1 mg, Opana ER 30 mg, Gabapentin 2700 mg, and Provigil 200 mg. The treatment plan consisted of continuing medications and following up with orthopedics as necessary. The treatment plan also encompassed the continuation of home care for 4 hours a day. A request was received for Gabapentin 300 mg capsules. The rationale for the request was not clearly indicated in the clinical notes. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin capsules, 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 79.

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

Decision rationale: The request for Gabapentin capsules 300 mg is not medically necessary. The California MTUS Guidelines state that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia. It has been considered a first line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, but there is lack of expert consensus on the treatment of neuropathic pain in general. Most studies identify the indication for use as post herpetic neuralgia and painful polyneuropathy. There are very few studies directed at central pain and none for painful radiculopathy. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects occurring with use. The continued use of anti-epilepsy drugs depends on improved outcome versus tolerability and adverse effects. The clinical notes indicated that the injured worker was previously on Gabapentin 2700 mg which is excessive according to the guidelines. The rationale for the request for 300mg was not provided. There is no indication of significant pain relief or objective functional improvement with the use of Gabapentin or documentation of side effects. In addition, the submitted request does not specify the quantity or frequency of the medication. Therefore, the request for Gabapentin capsules 300 mg is not medically necessary.