

Case Number:	CM14-0180470		
Date Assigned:	11/05/2014	Date of Injury:	04/02/2003
Decision Date:	12/09/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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 case of a 52 year old male with a date of injury of 4/2/2003. He was lifting a portable toilet onto a truck, resulting in low back pain. He had two lumbar spine surgeries, the first one in 2006, and the second surgery in 2009. He has had physical therapy, pain medication trials and antineuropathic medication trials. He has been on Gabapentin since at least 7/27/2012. On a recent visit report dated 9/22/2014 by [REDACTED], the patient reported significant pain in the lower limbs and bilateral lower back. His function had decreased greater than 50 percent and he was unable to sleep greater than 3 hours at a time. His ability to stand, walk, and lift had dramatically decreased. He is unable to do activities around the house which he is required to do. He continues to have difficulties with daily tasks and activities of daily living such as cooking. On physical exam, it is noted that the incision of the lumbar spine is healed and dry. Lumbar facet maneuvers are positive on the right and left side. Muscle stretch reflexes of the Achilles was 0 bilaterally. He was diagnosed with right L5 radiculopathy, lumbar facet pain, axial low back pain, myofascial pain syndrome, generalized reconditioning, chronic pain syndrome, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #270 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, & 49.

Decision rationale: Based on MTUS guidelines, Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered first line treatment for neuropathic pain. In general AEDs are recommended for neuropathic pain. There is lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. One recommendation for an adequate trial with gabapentin is 3-8 weeks for titration, then one to two weeks at maximum tolerated dosage. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. In this case, the patient has been on Gabapentin since at least 7/2012 and there is no documented improvement in pain level or function due to this therapy. The patient had approved a reduced number of Gabapentin pills in order to successfully wean off of this medication and to begin therapy with another first-line medication. Therefore, based on MTUS guidelines and the evidence in this case, the request for Gabapentin 300mg #270 with 6 refills is not medically necessary.