

Case Number:	CM14-0170412		
Date Assigned:	10/20/2014	Date of Injury:	09/28/2012
Decision Date:	05/01/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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: North Carolina
 Certification(s)/Specialty: 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 50 year old male, who sustained an industrial injury on 9/28/12. The documentation submitted did not document the initial injury. The injured worker was diagnosed as having reflex sympathetic dystrophy lower limb. Treatment to date has included right knee MRI (6/24/13); status post right knee arthroscopy (4/29/13); status post implantation of a lumbar spinal cord stimulator (7/25/14). Currently, the PR-2 notes dated 9/16/14, the injured worker complains of neck pain radiating into both shoulders and low back pain that radiates down to the bilateral lower extremities notes right knee and foot. A spinal cord stimulator was implanted 7/25/14 and notes 50-80% improvement of pain. The provider's examination documents a bulge over the area of the lumbar area of lead placement and recommends fluoroscopic view to evaluate the placement of leads. The provider also includes in his treatment plan, a consult with an orthopedic specialty to evaluate the knee and the continuation of current medications including Gabapentin 300mg at bed time, refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gabapentin 300mg at bed time, refill: unspecified for right knee pain and complex regional pain syndrome of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-epilepsy drugs (AEDs) Page(s): 16-20, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain. Therefore the request is medically indicated.