

<b>Case Number:</b>	CM14-0201371		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 51 year old woman who sustained a work-related injury on November 27 2001. Subsequently, the patient developed a chronic back and neck pain. According to a progress report dated on October 16 2014, the patient was complaining neck pain radiating to both upper extremities and mid back pain as well as headache and depression. The patient physical examination demonstrated cervical tenderness with reduced range of motion and no focal neurological examination. The patient was diagnosed with cervical stenosis, cervical radiculitis and post laminectomy syndrome. The provider requested authorization for Gabitril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabitril 4mg #100mg 1RF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) ; regarding Gabitril.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** According to MTUS guidelines, anti-epileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage." There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical

signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed will depend on the balance between effectiveness and adverse reactions. There is no documentation that the patient is suffering from a neuropathic pain. Furthermore, there is no documentation that the patient failed first line anti-epileptic drugs such as Neurontin. Therefore, the request to use Gabitril is not medically necessary.