

Case Number:	CM14-0213175		
Date Assigned:	12/30/2014	Date of Injury:	10/29/2009
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: Ohio, North Carolina, Virginia
 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 41 year old male with a date of injury of 10-29-2009. He was injured after a slip and fall while climbing a trash pile. He has had chronic neck pain radiating to the arms and low back pain radiating to the lower extremities. His surgeries have included an anterior cervical fusion from C5-C7 and a lumbar fusion from L4-S1. On 11-13-2014 he continued to have significant radicular pain radiating from the neck to the lower extremities and from the lower back to the lower extremities. His medications have included Flexeril, gabapentin 600 mg twice to three times daily, diclofenac, and Norco. The physical exam has revealed tenderness to the cervical spine, diminished cervical range of motion, and a normal upper extremity strength and sensation with symmetrically diminished upper extremity reflexes. There was tenderness of the lumbar spine with reduced range of motion. The straight leg raise exam was positive on the right side. The utilization review note states that the injured worker has been on gabapentin since at least 12-6-2013. At issue is a retroactive request for gabapentin 600 mg #60. This was not certified previously because of a lack of documented benefit per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-22.

Decision rationale: 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 postherpetic 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. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Recommended Trial Period included one recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests 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%. In this case, gabapentin has been in continuous use for nearly a year. The documentation submitted does not reflect other treatment for neuropathy or any dose changes of gabapentin. The documentation does not reflect any improvement over time as a consequence of the medication. Pain scores have not been submitted for review to gauge the effectiveness of the medication. Consequently, this request is not medically necessary.