

Case Number:	CM15-0012887		
Date Assigned:	01/30/2015	Date of Injury:	08/05/2009
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey

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 57-year-old male, with a reported date of injury of 08/05/2009. The diagnoses include cervical degenerative disc disease, cervical radiculopathy, spinal fusion, and chronic pain due to trauma. Treatments have included oral medications, discectomy, global fusion at L4-5, laminectomy, two-level cervical fusion, an x-ray of the neck, an MRI of the neck, and an MRI of the lumbar spine. The medical report dated 01/06/2015 indicates that the injured worker complained of neck and lower back pain. The pain radiated to the bilateral ankles, bilateral arms, bilateral calves, bilateral feet, and bilateral thighs. The injured worker rated his pain 10 out of 10 without medications and 2 out of 10 with medications. Without medications, the injured worker was able to get out of bed, but didn't get dressed, and he stayed home all day. With medication, he struggled to fulfill his daily home responsibilities, and was not able to work. The treating physician requested gabapentin 800mg #90, with four refills. The rationale for the request has not been indicated. On 01/07/2015, Utilization Review (UR) modified the request for gabapentin 800mg #90, with four refills, noting that the request was excessive. The UR physician provided certification for Gabapentin 800mg #90 with one refill to allow for additional physician follow-up along with future medication renewals. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg quantity 90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, although there was evidence that the worker had been taking gabapentin for at least many months prior to this request for renewal, there was insufficient documentation revealing the pain/symptom reduction and functional benefits directly related to his regular gabapentin use, independent of his other medications. Without this separation in reporting (function and pain/symptoms with and without the gabapentin), it is impossible to know which medications are providing most of the benefit (opioids, anti-depressant, gabapentin, etc.). Also, there was inconsistent physical examination findings from visit to visit, some not showing evidence of neuropathy. Therefore, considering the above reasons, the gabapentin will be considered medically unnecessary until this more specific evidence of benefit is provided for review.