

Case Number:	CM15-0112291		
Date Assigned:	06/18/2015	Date of Injury:	05/07/2001
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 64 year old male who reported an industrial injury on 5/7/2001. His diagnoses, and/or impressions, are noted to include: right shoulder rotator cuff tear with supra-spinatus tendinosis and 60-70% partial thickness tear; sub-scapularis and infraspinatus tendinosis; and right elbow lateral epicondylitis; complex regional pain syndrome with reflex sympathetic dystrophy of the upper, and lower, limbs; brachial neuritis; primary fibromyalgia syndrome; balache; and open bimalleolar fracture. X-rays of the cervical spine were noted on 4/22/2015; no current imaging studies are noted. His treatments have included spinal cord stimulator (SCS) with internal pulse generator (IPG) (2003); extremely helpful; removal of broken SCS and IPG on 4/24/2015 (due to being broken); medication management with toxicology screenings and pain management agreement (5/26/15); and rest from work. The progress notes of 5/26/2015 reported a follow-up visit for pain management with complaints of intermittent shortening of his spinal cord stimulator system, and feeling occasional jolting, before the battery died out the previous month. Objective findings were noted to include that the existing implanted SCS leads could not be used again as they were noted to be broken, causing worsening pain, with stiffness, in his neck and both shoulders, worse on the right; more pain in both elbows, with more hypersensitivity and soft tissue swelling; decreased range-of-motion in the neck, shoulders and both elbows; the wearing of Lidoderm patches over both elbows that are with soft-tissue swelling and hypersensitivity to light touch; well-healed scarring over the left upper buttocks where the previous IPG was removed (4/24/15); and decreased grip strength on

the left. The physician's requests for treatments were noted to include the continuation of two different doses of Gabapentin which were reported to be an effective part of his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Gabapentin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) 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. Additionally, ODG states that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The treating physician does document neuropathic pain but the treating physician did not document improved functionality and decreased pain with the use of Gabapentin. As such, the request for One (1) prescription of Gabapentin 600mg #120 is not medically necessary.

One (1) prescription of Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage.

(Dworkin, 2003) 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. Additionally, ODG states that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The treating physician does document neuropathic pain but the treating physician did not document improved functionality and decreased pain with the use of Gabapentin. As such, the request for One (1) prescription of Gabapentin 300mg #60 is not medically necessary.