

Case Number:	CM15-0114032		
Date Assigned:	06/22/2015	Date of Injury:	07/09/2012
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 7/09/2012. Diagnoses include lumbar sprain/strain, lumbar radiculopathy, recurrent right carpal tunnel syndrome status post right carpal tunnel release (1995) and left knee pain. Treatment to date has included medications including Norco, Amitriptyline, Omeprazole and Dendracin lotion, diagnostics, acupuncture, L5-S1 epidural steroid injection (10/02/2014), left L4-5 and L5-S1 medial nerve branch block (2/26/2015). Per the Primary Treating Physician's Progress Report dated 4/2/2015, the injured worker reported increasing left sided left low back pain radiating down both legs, left greater than right. She reports increasing numbness in the left leg when sitting for prolonged periods especially driving. Physical examination of the upper extremities revealed positive Tinel's sign at right and slight decrease in sensation over the right median nerve. Lumbar spine examination revealed bilateral lumbar paraspinous tenderness left greater than right from L4-S1 and exquisite tenderness to palpation over the left L4-L5 and L5-S1 paravertebral joint. Here was a positive straight leg raise test at 30 degrees on the left and 45 degrees on the right. There was tenderness noted over the left medial and lateral joint line. The plan of care included medications and authorization was requested for Gabapentin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy, with 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 anti-epilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. In this case, on a physical exam dated 05/01/15, it was documented that the injured worker had failed on the first-line treatment of Gabapentin. As there were no significant functional gains or decrease in pain with the previous use of Gabapentin, this request is not supported.