

Case Number:	CM15-0119566		
Date Assigned:	07/28/2015	Date of Injury:	08/12/1996
Decision Date:	09/01/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 York
 Certification(s)/Specialty: Pediatrics, Internal 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 56 year old female, who sustained an industrial injury on 08/12/1996. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with lumbar degenerative disc disease, postlaminectomy syndrome of the lumbar spine, myofascial pain and lumbosacral or thoracic neuritis or radiculitis. Treatment to date has included medication, acupuncture, pool therapy, transcutaneous electrical nerve stimulator (TENS) unit, home exercise program, epidural steroid injections and surgery. The injured worker was noted to be taking Gabapentin as far back as 12/12/2014. In a progress note dated 05/11/2015, the injured worker complained of low back pain with radiation to the bilateral lower extremities (left greater than right) with numbness and tingling. Pain was rated as 8/10 and was noted to have increased. Objective findings were notable for tenderness to palpation of the lumbar paraspinal muscles with spasms, radicular pain in L5-S1 dermatome of the lateral posterior left lower extremity and decreased sensation of the left lower extremity. The previous progress notes dated 02/16/2015, 03/16/2015 and 04/13/2015 also noted that the injured worker's pain was rated as 8/10 and was increasing. Work status was noted to be permanent and stationary. A request for authorization of Gabapentin 300 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As per CA MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response has been defined as a 30% reduction in pain. Gabapentin has been shown as effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered a first line treatment for neuropathic pain. As per MTUS, "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." The documentation submitted shows that Gabapentin had been prescribed to the injured worker as far back as 12/12/2014. There was no documentation of significant pain reduction, objective functional improvement or improved quality of life with use of this medication. Pain ratings remained 8/10 and the recent progress notes document a worsening of pain despite use of the medication. There was no documentation of a change in work status or improved quality of life and the injured worker was noted to have increased difficulty with walking due to pain. There is insufficient documentation to establish the medical necessity of the medication. Therefore, the request for Gabapentin is not medically necessary.