MAXIMUS Federal Services

| Case Number: | CM15-0170541 | | |
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| Date Assigned: | 09/11/2015 | Date of Injury: | 08/06/2010 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/03/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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: North Carolina
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 65 year old female who sustained an industrial injury on 8-6-10. Diagnoses are sprain of neck, cervical spinal stenosis, and cervical spondylosis. Previous treatment includes anterior-posterior fusion decompression 7-31-12, chiropractic therapy, physiotherapy, medication, and epidural steroid injection. In a progress report dated 4-17-15, the physician notes tenderness at L4-L5 and paralumbar spasm, a positive straight leg raise, and a slow antalgic gait with the use of a cane. Subjective complaints are of severe pain in the low back and legs and pins and needles sensation. Medications noted are Tramadol and Zantac. In a progress report dated 7-17-15, the treating physician notes a subjective complaint of low back pain radiates to the legs. It is noted she does not sleep well. Objective findings are sitting straight leg raise is positive and there is lumbar spine tenderness. The treatment plan is physical therapy 2 times a week for 4 weeks and Gabapentin 300mg, one at bedtime for nerve pain. The injured worker is noted to be permanent and stationary. The requested treatment for 8 physical therapy sessions for the lumbar spine was certified and the request for Gabapentin 300mg, for a quantity of 30 was non-certified on 8-3-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore the request is medically necessary.