

Case Number:	CM15-0175121		
Date Assigned:	09/25/2015	Date of Injury:	09/04/2012
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 09-04-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for post-concussion syndrome, headaches, and insomnia. Medical records (to 07-20-2015) indicate ongoing pain to the back of the head and daily headaches. Pain levels were 6-8 out of 10 on a visual analog scale (VAS). It was reported (07-20-2015) that the effects of the Botox injections have been gradually wearing off. Per the previous report (06-04-2015), the headache pain was reported to be 8 out of 10 without the Botox injections and reduced to 6 out of 10 after the Botox injection. Additionally, the IW reported that his headaches increased without gabapentin. Other complaints included difficulty staying asleep; however, dizziness was noted to be improved. Records also indicate no changes in activity levels, activity limitations or levels of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-20-2015, reported continued headaches not associated with photophobia or phonophobia, and that there were no involuntary movements such as tremors, chorea or athetosis. The previous exam (06-04-2015) reported continued photosensitivity to lights, continued difficulty with cognition, and no abnormal involuntary movements. Relevant treatments have included physical therapy (PT), Botox injections, psychological treatments, work and activity restrictions, and medications. Current medications include gabapentin 300mg 3 times daily, Topamax 50mg, Elavil 20mg at bedtime, and Antivert 12.5mg twice daily for dizziness. Per the PR dated 06-04-2015, the IW's gabapentin was increased to 300mg every 6 hours (4 times daily). The request for authorization (07-20-2015) shows that the following medications were requested: gabapentin 300mg #180 which was denied, and gabapentin 300mg #120 which was authorized. The original utilization review (08-14-2015) non-certified the

request for gabapentin 300mg #180 based on the lack of documented efficacy in terms of pain relief and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: Upheld

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 claimant sustained a work injury in September 2012 and is being treated for chronic pain. In March 2015 he decreased his gabapentin dose from 1200 mg per day to 900 mg per day due to ankle edema. When seen, his headaches had increased and the effect of Botox injections was wearing off. He was taking Antivert for dizziness. A normal limited physical examination is documented. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and he had not tolerated a 1200 mg dose due to side effects. He has dizziness which may be another side effect of this medication. Ongoing prescribing is not medically necessary.