

Case Number:	CM15-0073281		
Date Assigned:	04/23/2015	Date of Injury:	01/09/2013
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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 57 year old male, who sustained an industrial injury on 1/9/13. He reported initial complaints of groin and low back injury. The injured worker was diagnosed as having lumbar radiculopathy; low back pain; sacroiliitis; lumbar facet pain; bilateral carpal tunnel syndrome. Treatment to date has included physical therapy; TENS unit; MRI lumbar spine (2/9/13); EMG/NCV bilateral upper extremities (2/17/14); medications. Currently, the PR-2 notes dated 3/25/15 indicate the injured worker complains of persistent neck and low back pain. His low back pain radiates to the right thigh and leg. It occasionally radiates to the left lower extremity. He has neck pain which his mostly on the right side radiating to the right upper extremity and associated with tingling and numbness in the first three digits. He wakes up with tingling and numbness in the right hand. The provider's treatment plan includes a request for an EMG/NCV study of the upper extremities to rule out peripheral nerve entrapment verses cervical radiculopathy. The study done on 2/17/14 did not show radiculopathy. The provider has also requested the medication Gabapentin cap 100mg one to two tablets at bedtime #60 and the Utilization Review modified this request to #50 for the purpose of tapering for discontinuation over the course of the next 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cap 100mg one to two tablets qhs #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

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 indicated.