

<b>Case Number:</b>	CM15-0076816		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 37 year old male, who sustained an industrial injury on 1/22/2013. The medical records submitted for this review failed to include the details regarding the initial injury and prior treatments to date. Diagnoses include status post L5-S1 lumbar surgery and L3-4 discectomy, with persistent axial low back pain with right leg radiculopathy post laminectomy, and depressions/anxiety due to chronic pain. Currently, he complained of ongoing low back pain. The records documented a five day trial of Horizant due to excessive sleepiness with gabapentin was successful. On 4/7/15, the physical examination documented tenderness over the right lumbar muscles and decreased and painful range of motion. The plan of care included holding the gabapentin for one month and to initiate a thirty day supply of Horizant 600mg one tablet daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Horizant 600mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Horizant (gabapentin enacarbil ER).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin); Horizant.

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. The current requested medication, Horizant, is an extended release formulation of gabapentin FDA approved for Restless Leg Syndrome and Post-Herpetic Neuralgia. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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." ODG specifically addresses Horizant. It states that it is, "Not recommended as a first-line agent. Horizant (gabapentin enacarbil extended release) is FDA approved for treatment of restless legs syndrome. (FDA 2011) There is no evidence to support use of Horizant for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release." Based on the clinical documentation provided, there is no diagnosis of Restless Leg Syndrome or post-herpetic neuralgia. The patient is on gabapentin with no documentation of intolerance or ineffectiveness. As such, the request for Horizant 600mg #30 is not medically necessary.