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| <b>Case Number:</b>   | CM15-0093351 |                              |            |
| <b>Date Assigned:</b> | 05/19/2015   | <b>Date of Injury:</b>       | 03/31/2005 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 04/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2015 |

### 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 52-year-old female, who sustained an industrial injury on 03/31/2005. She has reported injury to the low back. Diagnoses have included chronic pain syndrome; lumbosacral spondylosis; cauda equina syndrome with neurogenic bladder; postlaminectomy syndrome, lumbar region; and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included medications, diagnostics, bracing, AFO (ankle foot orthosis), physical therapy, injections, spinal cord stimulator implant, and surgical interventions. Medications have included Tylenol, Toradol, Prozac, Vicodin, Gabapentin, Gralise, Norco, and Morphine. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left low back pain; chronic pain, tingling, numbness radiating to the left lower extremity; using Gabapentin for pain that radiates down into her legs, and reports that the usage of Gralise was much more beneficial to her than Gabapentin; she had to switch from Gralise to Gabapentin a month ago because of cost; usual pain score is rated 4/10; least pain score is rated 2/10; and worst pain score is rated 10/10. Objective findings have included moderate to severe distress; wearing her left lower leg AFO device; muscle mass and muscle tone are diminished in the left calf; tenderness to the left lumbar spine and left sciatic notch upon palpation; lumbar range of motion is restricted and painful; straight leg raise test is positive on the left; and gait is antalgic, favoring the left lower extremity. The treatment plan has included the request for Gabapentin 100mg #90 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #90 x 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin 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.