

Case Number:	CM15-0094147		
Date Assigned:	05/20/2015	Date of Injury:	11/01/2010
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female who sustained an industrial injury on 11/10/10 while lifting boxes and injuring her lower back. She had a subsequent injury the following day from a slip and fall but the mechanism of his injury is unclear and also fell and hit her head at a later date. She currently complains of increased back pain and radicular symptoms in the legs. She continues to work normally and has a constant pain level of 8/10. Medications are Norco, gabapentin, Cymbalta. On physical exam, she has restricted range of motion in the lumbar region, tenderness over both sacroiliac joints and normal neurological exam. Diagnoses include chronic back pain; lumbar disc disease; facet hypertrophy; radicular symptoms in the legs; central canal stenosis; spondylolisthesis; neuroforaminal stenosis; restless legs; anxiety and depression; withdrawal symptoms and difficulty obtaining medication. Treatments to date include transforaminal epidural steroid injections (2/5/15) at two levels and were very helpful; physical therapy; medications. Diagnostics include x-ray of the lumbar spine (11/23/10) showing mild scoliosis with degenerative disc changes at L4-5 and L5-S1. In the progress note, dated 5/1/15 the treating provider's plan of care includes a request for gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The injured worker has been prescribed Gabapentin for an extended period without documentation of significant pain relief, or side effects experienced. The request for Gabapentin 300mg, #90 is determined to not be medically necessary.