

Case Number:	CM14-0192640		
Date Assigned:	11/26/2014	Date of Injury:	07/24/1998
Decision Date:	11/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/17/2014

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 58 year old male, who sustained an industrial injury on July 24, 1998. The injured worker was diagnosed as having depression, pain in the lower leg joint, osteoarthritis unspecified whether generalized or location of the lower leg, cervical spondylosis without myelopathy, headache, and cervicgia. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, and use of a load bearing brace. In a progress note dated October 29, 2014 the treating physician reports complaints of pain to the neck and the left knee. Examination performed on October 29, 2014, was revealing for tenderness to the cervical spine, tenderness to the bilateral cervical two, three, four, and five facet joints, decreased range of motion to the cervical spine, decreased range of motion to the lumbar and sacral spine, positive Fabere's testing on the right, left knee tenderness, left knee swelling, and decreased range of motion to the left knee. On October 29, 2014, the injured worker's medication regimen included Norco (since at least July of 2014), gabapentin (length of time on medication unknown), Lexapro (length of time on medication unknown), prednisone (length of time on medication unknown), Xanax (since at least July of 2014), and Metformin (length of time on medication unknown). On October 29, 2014, the injured worker's pain level was rated a 10 out of 10 without the use of his medication regimen, the pain level was rated a 6 out 10 with the use of his medication regimen, and the pain level was rated an 8 out of 10 on the day of this visit. During this office visit, the treating physician noted that the injured worker's medication regimen increases his mobility, allows him to tolerate activities of daily living and home exercises, and causes no unwanted side effects. On October 29, 2014, the treating physician requested the

medication gabapentin 300mg, noting current use of this medication as indicated above. On November 17, 2014, the Utilization Review determined the request for gabapentin 300mg with quantity unspecified and refill unspecified to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the cited MTUS, antiepilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, he has had documented reduction in pain on the visual analog scale and improvement in function, but not specific to the use of gabapentin. In addition, he does not have a diagnosis or physical exam consistent with neuropathic pain, and had previously failed a trial of Gralise, which is gabapentin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this injured worker. Therefore, gabapentin 300 mg is not medically necessary and appropriate.