

Case Number:	CM13-0024028		
Date Assigned:	11/20/2013	Date of Injury:	07/20/2007
Decision Date:	01/16/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 y.o. male with injury from 7/20/07. A diagnosis from 8/21/13 report has spondylolisthesis, post-operative chronic pain, lumbosacral or thoracic neuritis. Reports from 2/27/13 to 8/21/13 are reviewed. 2/27/13 reports states that acupuncture helped with pain in the left leg, gabapentin also helpful but still has cramps. Other reports have cramping in the left leg, somewhat worse with cooler weather in one report, medications help reduce pain. Medications are taken as needed and helpful in controlling his pain temporarily. None of the reports qualify the patient's reduction of nerve pain from use of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, #60 with two (2) refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: This patient suffers from chronic pain with spondylolisthesis and post-operative chronic pain. The treater has had this patient on Neurontin for quite some time now. This medication was denied by utilization review 9/4/13 citing lack of documentation of 30% or 50% reduction of pain. Review of the reports show that the patient very well may suffer from

neuropathic pain, with cramping and pain in the leg. The patient has had lumbar surgery although the exact nature of surgery is not described in the reports. MTUS indicates that Neurontin is the first-line treatment medication for neuropathic pain. MTUS further states "Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." This sentence states that when Neurontin does not work a combination therapy can be instituted if the change results in 30% reduction. This sentence does not appear to refer to efficacy of the initial Neurontin. In this patient, Neurontin appears to be effective, although improvement is not quantified. However, MTUS requires 30% reduction of pain for combination therapy if Neurontin is not effective. Recommendation is for authorization.