

Case Number:	CM14-0107942		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2012
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Family Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 43-year-old male who was injured at work on December 22, 2012. The injury was primarily to his back. He is requesting review of denial for the following: Neurontin 300mg #60 with 2 Refills; and an Epidural Injection. Medical records corroborate ongoing care for his injuries. His chronic diagnosis is: Lumbago. Relevant comments in the medical records indicate that he has no red flag symptoms. Plain film imaging of his lumbar spine in 5/2013 showed mild lower lumbar facet arthropathy. Medications have included NSAIDs, Soma, Norco, and the recently prescribed Neurontin. Other treatment modalities have included Physical Therapy; Acupuncture; a Self-Directed Home Exercise Program; Therapeutic Massage; and Chiropractic Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (300mg, #60 with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) such as Neurontin are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic 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 AEDs 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 of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent 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 AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in woman of childbearing age. 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. 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. 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. 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. In this case, it is unclear what specific condition Neurontin is being prescribed for. The diagnosis in the available records indicates that the patient has chronic non-specific axial low back pain. As described in the stated guidelines, there is insufficient evidence to support the use of AEDs in this condition. However, there is information in the medical record suggesting that the patient may have a neuropathic component to his chronic pain. Under these conditions, it is appropriate to prescribe Neurontin as a first-line treatment. However, there is no evidence that the prescribing physician developed and implemented a plan for three to eight weeks for titration. Further, that this titration plan includes documentation to assess for change in pain or function and to monitor for adverse side effects. In conclusion, there is insufficient documentation in support of the use of Neurontin for this patient. Specifically, there is lack of documentation in support of neuropathy as the underlying cause of the patient's pain. Further, there is insufficient documentation in support of a titration plan towards a maximum tolerated dose and monitoring for a change in pain or function. Therefore, the request is not medically necessary.

Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections (ESIs) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Guidelines recommend no more than two epidural steroid injections at a time. In this case, there is insufficient documentation to support of the use of epidural steroid injections. Specifically, there is insufficient documentation that the patient has radiculopathy as demonstrated by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is also insufficient documentation as to the level the ESI will be directed towards. Therefore, the request is not medically necessary.

