

Case Number:	CM14-0114686		
Date Assigned:	08/04/2014	Date of Injury:	05/12/2008
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation and Pain 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 injured worker is a 55-year-old female who reported an injury on 05/12/2008 due to an unknown mechanism. The injured worker received diagnoses of lumbar post laminectomy syndrome, reactionary depression and anxiety, medication-induced gastritis, and L4-5 herniated nucleus pulposus with bilateral lower extremity radiculopathy, left greater than right. Prior diagnostic studies include a lumbar provocative discogram on 06/07/2012, lumbar spine CT was performed on 02/14/2012, a lumbar provocative discogram was performed on 02/07/2011, an EMG on 06/21/2010 which revealed moderate acute left L5 radiculopathy, a lumbar spine MRI on 03/17/2010 On 08/26/2008. Prior surgical history include a posterior lumbar interbody fusion at L4-5 performed on 06/03/2011 and a posterior lumbar interbody fusion at L3-4, L4-5, and L5-S1 performed on 09/18/2012 as well as a permanent implantation of a spinal cord stimulator was performed on 02/03/2014 after successful trials on 03/22/2012 and 12/05/2013. On 06/11/2014, the injured worker reported persistent low back pain with significant radicular symptoms to bilateral lower extremities, but was manageable on her current medical regimen. She relied on the spinal cord stimulator to provide 50% pain relief to the lower back as well as radicular symptoms to her bilateral lower extremities. She ambulated with an antalgic gait, favoring her left lower extremity. There was tenderness to palpation bilaterally to the posterior lumbar musculature as well as increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion. Motor testing in both lower extremities was between 4/5 to 4+/5 with decreased dorsiflexion of the left ankle in comparison to the right. Deep tendon reflexes were 2/4 in the patellae and Achilles on the right in comparison to the left, which was 1/4 in the patellae and absent in the Achilles. Straight leg test performed in the modified sitting position was positive at about 60 degrees bilaterally, causing radicular pain in both lower extremities.

Sensory examination revealed decreased sensation along the posterolateral thigh and posterolateral calf bilaterally along the L5-S1 distribution. The physician notes the injured worker continued to have ongoing pain in the lower back with radicular symptoms to bilateral lower extremities. She had a diagnosis of lumbar post laminectomy syndrome. The injured worker receives Norco, Anaprox, Neurontin, Fexmid, Prozac, and Doral. The treatment plan was to continue with medications, refilling them at the physician's office. The injured worker was to follow-up with her orthopedic spine surgeon. The physician was recommending the injured worker be evaluated by a clinical psychologist for her ongoing depression and anxiety. The physician is requesting Neurontin. The rationale is to address radicular pain. The Request for Authorization Form was signed on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic Pain Page(s): 16.

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

Decision rationale: The request for Neurontin 600 mg #120 is not medically necessary. The California MTUS Guidelines for Neurontin recommend a trial period of Neurontin for 3 weeks to 8 weeks for titration, then 1 week to 2 weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The injured worker has been utilizing this medication post surgically since 02/17/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.