

Case Number:	CM14-0116376		
Date Assigned:	08/04/2014	Date of Injury:	12/11/2001
Decision Date:	11/04/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal 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 an injured worker with the diagnoses of lumbar discogenic pain, bilateral lumbar facet pain, and bilateral lumbar radicular pain involving the L5 nerve root. Date of injury was December 11, 2001. Primary treating physician's narrative reevaluation report dated 6/25/14 documented subjective complaints of lower back pain with sharp, burning, throbbing pain present in both feet. Patient has a history of left calcaneal fracture May 2009, neck pain present since July 2009, bilateral shoulder pain present since July 2009, and right elbow pain present since July 2009. The patient is complaining of lower back pain with bilateral big toe pain and numbness. The patient underwent several surgeries for foot pain. Medications were Norco, Ultram, Lodine, Neurontin, and Ultracin topical cream. Physical examination was documented. The patient is alert, awake, and well oriented to time, place, and person. Systemic examination is normal. Examination of gait shows guarded, non-limping, and non-favoring gait. Examination of the neck shows midline tenderness extending from C5 to C7. Bilateral cervical facet tenderness is noted C4-C5, C5-C6. Bilateral trapezius tenderness is noted. Cervical spine movements remain painful. Examination of the midback is normal. Examination of the lower back shows mild midline tenderness extending from L3 to S1. The patient has lumbar microdiscectomy scar present at L5-S1 level. Mild bilateral facet tenderness is noted, L3-L4, L4-L5, L5-S1. Thoracic and lumbar spine movements remain painful. Examination of the extremities shows the patient is unable to walk on toes. The patient can walk on heels painful. Examination of the right and left shoulder shows the patient has tenderness over lateral and posterior aspect of right and left shoulder. Both shoulder movements are normal range mild painful. Examination of the right elbow shows the patient has tenderness over right lateral epicondyle. Right elbow movements are normal range painful. Examination of the left foot and ankle shows the patient has tenderness over left foot and ankle. Left ankle movements are restricted painful. The patient has dressing

over left foot. Sensory examination shows hypoalgesia noted bottom of both feet and big toe left more than right. Motor examination shows adequate strength of both lower extremities. No asymmetric atrophy of muscles was seen. MRI magnetic resonance imaging of lumbar spine October 24, 2010 showing L5-S1 central and left paracentral disk protrusion measuring approximately 8 mm probably impinging left SI nerve root and some impingement of right SI nerve root with mild disk space narrowing and mild degenerative changes of lumbar disk. EMG electromyography 1/16/07 was abnormal showing chronic denervation potential in muscle innervated by L5 nerve root consistent with diagnosis of L5 radiculopathy bilateral. Diagnoses were lumbar discogenic pain, bilateral lumbar facet pain, bilateral lumbar radicular pain involving the L5 nerve root, and abnormal EMG showing bilateral L5 radiculopathy 1/16/07. Treatment plan included Norco, Neurontin 400 mg two tablets three times a day or four times a day, Lodine, and Ultram. Utilization review determination date was 7/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400mg #240, (2) refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16, 19.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. Medical records documented the diagnoses of lumbar discogenic pain, bilateral lumbar facet pain, and bilateral lumbar radicular pain involving the L5 nerve root. MRI magnetic resonance imaging of lumbar spine performed on October 24, 2010 demonstrated L5-S1 central and left paracentral disk protrusion measuring approximately 8 mm. EMG electromyography 1/16/07 was abnormal showing chronic denervation potential in muscle innervated by L5 nerve root consistent with diagnosis of L5 radiculopathy. The medical records document the long-term use of Gabapentin. The medical records and MTUS guidelines support the medical necessity of the continuation of Gabapentin. Therefore, the request for Neurontin 400mg #240, 2 tabs three to four times daily (2) refills is medically necessary.