

Case Number:	CM14-0184234		
Date Assigned:	11/10/2014	Date of Injury:	03/10/2010
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Pain Management 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 37-year-old female with date of injury of 03/10/2010. The treating physician's listed diagnoses from 09/05/2014 are: 1. Status post lumbar fusion from 04/08/2014. 2. Residual lumbar pain with radicular symptoms. 3. Depression and anxiety. According to this report, the patient has started a recent course of physical therapy for the lumbar spine. The patient is about 5 months following her lumbar surgery which resulted in some improvement, but she still has difficulty with standing, walking, and sitting for prolonged periods of time. The examination showed no signs of over sedation. The patient is alert and oriented. Spasm and tenderness were noted over the lumbar spine with decreased range of motion. Gait is antalgic. The use of Norco 10 mg once a day, Neurontin, and Prilosec "has been beneficial." The patient does not report any side effects with her regimen. The 07/02/2014 report notes that the patient is utilizing Norco 10 mg twice daily for her complaints as well as gabapentin. She denies nausea or constipation, but has had some stomach irritation. Her low back pain increases with standing, walking, sitting, bending, and twisting. There is decreased range of motion in the lumbar spine. The patient ambulates with the use of a cane. The patient underwent transforaminal lumbar fusion at L4-L5 on 04/08/2014. The reports include MRI of the lumbar spine from 04/08/2014 to 08/13/2014, x-ray of the chest from 03/10/2014, x-ray of the lumbar spine from 07/30/2014, QME/AME reports from 11/14/2011 to 11/17/2013 and progress reports from 02/07/2014 to 09/24/2014. The utilization review denied the request on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30 dispensed on 9/5/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, medication for chronic pain Page(s): 18, 19, 60.

Decision rationale: This patient presents with low back pain. The patient is status post lumbar fusion from 04/08/2014. The provider is requesting Neurontin 300mg #30 dispensed on 9/5/14. The MTUS Guidelines page 18 and 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed gabapentin on 02/07/2014. The 09/05/2014 report notes, "The use of Norco 10 mg once a day, Neurontin, and Prilosec has been beneficial. The patient does not report any side effects with this regimen." In the case, the provider has noted medication efficacy, and continued use of Neurontin is reasonable. Recommendation is medically necessary.