

Case Number:	CM14-0036737		
Date Assigned:	06/23/2014	Date of Injury:	02/07/2006
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 47-year-old male who sustained an injury on 02/07/06. No specific mechanism of injury was noted. The injured worker was followed for complaints of low back pain with diffuse numbness in the left lower extremity. The injured worker also complained of left elbow pain. Prior treatment has included physical therapy. Medications included Gabapentin, Ibuprofen, and Tramadol as early as April of 2013. Tramadol was increased to 300mg by May of 2013. As of 01/20/14, the injured worker continued to report persistent low back pain radiating to the left lower extremity, with increasing numbness, tingling, and pain. He had not been able to obtain the Neurontin (Gabapentin) medication for the past two months. The injured worker was working and attempting to stay as functional as possible. Physical examination noted tenderness to palpation of the lumbar paraspinal musculature with decreased range of motion. There was antalgic gait favoring the left lower extremity. Straight leg raise findings straight leg raise testing was positive to the left. It was recommended that the injured worker continue with Neurontin for radicular pain in the left lower extremity. Prior to cessation, the injured worker had good control of his symptoms with the use of this medication. Follow-up on 03/25/14 indicated the left lower extremity symptoms had become worse and were severe - 10/10 on visual analog scale - without Neurontin. The injured worker felt that with Neurontin he was able to work. Physical examination reported no changes. Neurontin 800mg #90 with three refills was denied by utilization review on 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg #90 with 3 refills for symptoms related to the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The injured worker had continuing complaints of low back pain with generalized numbness in the left lower extremity in 2013. Once the Neurontin was discontinued, the injured worker had steadily increasing pain in the left lower extremity. Physical examination findings noted antalgic gait favoring the left lower extremity with positive straight leg raise findings. Given the increase in neuropathic symptoms in the left lower extremity, Neurontin would have been a reasonable and medically necessary treatment. Per guidelines, Neurontin is a recommended first-line medication in the treatment of neuropathic pain. Given that the neuropathic symptoms increased once Neurontin was discontinued, this supports the re-initialization of this medication. In regards to the request for Neurontin 800mg quantity 90 with three refills, the prescription of this medication is medically necessary and appropriate, based on the clinical documentation submitted for review and current evidence based guidelines.