

Case Number:	CM14-0067764		
Date Assigned:	07/11/2014	Date of Injury:	02/12/2000
Decision Date:	09/24/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/12/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services, and is licensed to practice in Texas. 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 reported an injury on 02/12/2000. The mechanism of injury was not provided. He is diagnosed with status post multiple lumbar surgeries. Past treatment included medication, a pain pump trial, and a home exercise program. Relevant diagnostic studies were noted as x-rays and multiple MRIs of the lumbar spine. His surgical history includes multiple lumbar surgeries with the most recent noted as a fusion on 04/07/2003. On 04/04/2014 the injured worker complained of a flare up of symptoms, he rated his pain 8/10 on a pain scale. He described the pain as frequent and moderate to severe in intensity. Upon physical examination, the injured worker was noted to have moderate spasm and pain to the lumbar spine. He was noted to be able to perform his activities of daily living and had improved participation in the home exercise program as a benefit of the medications. Medications were noted as oxycontin 40 mg, percocet 10/325 mg, trazadone, and neurotin 600 mg. The treatment plan was to continue home exercise, pain management consultation, obtain urine sample to document medication compliance, and refill of pain medications. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotin 600 mg three times a day Quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 18.

Decision rationale: The request for neurotin 600 mg three time a day quantity 120 is not medically necessary. The California MTUS Guidelines state neurontin 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. It has been given FDA approval for treatment of post-herpetic neuralgia. There is limited evidence to show that this medication is effective for postoperative pain. The guidelines state that there should be an adequate trial with neurotin three to eight weeks for titration, then on to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Weaning or switching to another drug in this class should be done over the minimum of a week. The injured worker did report that he was able to accomplish his activities of daily living and that there was improvement with participation in the home exercise program. In the absence of documentation that adequately provides evidence of functional gains and pain relief with use of this medication, the request is not supported. Therefore, the request is not medically necessary.