

Case Number:	CM14-0068358		
Date Assigned:	07/14/2014	Date of Injury:	07/23/2008
Decision Date:	09/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/13/2014

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 Interventional Spine 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 51-year-old female with a date of injury of 07/23/2008. The listed diagnoses are: chronic pain syndrome; herniated cervical disk with radiculitis; right shoulder tendinitis/impingement/tear; right carpal tunnel syndrome; right wrist CTS; left wrist tendinitis/CTS; and herniated lumbar disk with radiculopathy. According to a progress report dated 04/01/2014, the patient continues with low back pain and leg pain. The report indicates the patient received a prior epidural injection. It was noted the patient had experienced 50% relief with this injection. The medication Neurontin was initiated. The report is handwritten and difficult to read. This is a request for Neurontin and for "second and third cervical epidural steroidal based therapeutic procedure with procedural modifications C5-C6 and C6-C7." Utilization review denied the request on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin: Overturned

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

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

Decision rationale: This patient continues with low back pain and leg pain. The treater is initiating the medication Neurontin. Utilization review denied the request, stating, "... most recent report does not provide a detailed examination to support the presence of neuropathic pain versus nociceptive pain." The MTUS Guidelines have the following regarding Gabapentin: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, review of progress report dated 03/31/2014 indicates the patient has cervical radiculitis and complaints of pain in the neck with extension to the arms. A trial of Neurontin may be beneficial at this time. Neurontin is recommended as medically necessary.

2nd & 3rd cervical epidural steroidal based therapeutic procedure with procedural modifications C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient continues with low back pain and leg pain. The treater is requesting a cervical epidural injection to level C5-C6 and C6-C7. The treater states in his report dated 04/01/2014 that the patient has had a prior cervical injection with 50% relief. Review of the medical file which includes progress reports from 02/18/2014, 03/31/2014, and 04/01/2014 does not provide further discussion of the prior ESI. The MTUS has the following regarding ESI under chronic pain guidelines: "Recommended as an option for treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." For repeat injections during the therapeutic phase, guidelines require "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." On review of the medical file, it does not include an operative report, MRI of the cervical spine, or documentation of details regarding functional improvement from prior injection. MTUS recommends repeat injections only with documentation of functional improvement, medication reduction, and pain relief for 6 to 8 weeks. Due to the absence of this documentation, this request is not medically necessary.