

<b>Case Number:</b>	CM14-0180586		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 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:

Patient with reported date of injury on 11/28/2008. Mechanism of injury is described as a trip and fall. Patient has a diagnosis of Adjacent segment disease L2-3 with history of L3-LS1 decompressive laminectomy and fusion and chronic low back pain. Patient is post Anterior inter body fusion L5-S1 with instrumentation on 9/11/08 and L3-4 lumbar laminectomy with discectomy on 6/17/11. Medical reports reviewed. Last report available until 9/23/14. Patient complains of low back pain. Occasional R leg giving out. There is no documentation concerning pain level or function, side effects or activity of daily living. Objective exam reveals tenderness to palpation to R lumbar region. Limited range of motion. Straight leg positive on R side. Strength and sensory exam was normal. Letter dated 9/10/14 and 9/17/14 relating to prior denial of services was reviewed. The letter adds no additional information to this review. Medications include Cymbalta (reportedly denied), Neurontin, Vicoprofen, Ultram and Vicoprofen. Patient has had reportedly prior epidural steroid injections in the past. Independent Medical Review is for trigger point injection and Neurontin 600mg #60 with 3 refills. Prior UR on 10/20/14 recommended non-certification of trigger point injection. It conditionally non-certified Ultram and Vicoprofen request. It modified Neurontin to #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One trigger point injection:** Upheld

**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 Trigger Point Injections Page(s): 121-122.

**Decision rationale:** As per MTUS Chronic pain Guidelines, Trigger Point Injections are recommended only for myofascial pain syndrome and is not recommended for radicular pain. Patient fails multiple criteria for trigger point injection. There is no documentation of actual trigger points and documentation of actual radicular pain. Trigger point injection is not medically necessary.

**Neurontin 600mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has prior exams and MRI findings consistent with radicular pain. However, pt has been on this medicament chronically and there is no documentation of actual benefit. There is no documentation of any objective improvement and the number of refills prescribed is excessive and not appropriate as per MTUS guidelines recommending monitoring. Due to lack of documentation of objective improvement and excessive refills, Neurontin prescription is not medically necessary.