

Case Number:	CM14-0187181		
Date Assigned:	11/17/2014	Date of Injury:	07/31/2013
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

This is a 58-year-old female with a 7/31/13 date of injury. The mechanism of injury occurred when she slipped on some water in the women's restroom, she fell backwards and landed flat on her back and struck the back of her head against the ground. According to a handwritten and partially illegible progress report dated 10/22/14, the patient complained of low back pain and was awaiting a lumbar ESI. Objective findings: tenderness of paraspinals with guarding and spasms, decreased sensation of bilateral lower extremities, tenderness of left shoulder. In a 9/16/14 progress note, the patient complained of pain in the low back radiating to the right leg to the feet with numbness and tingling, as well as coldness on her legs. Diagnostic impression: cervical spine sprain/strain with spondylosis, thoracic/lumbar sprain/strain with bilateral lower extremity radiculopathy, left shoulder sprain/strain, stress, headaches, sleep loss. Treatment to date: medication management, activity modification. A UR decision dated 11/4/14 denied the request for Neurontin. There had been no improvement in the patient's pain conditions due to a trial of Neurontin performed between 9/22/14 and 10/22/14. Continued use of this medication could not be supported in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Neurotin (Gabapentin) 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drug, Gabapentin Page(s): 16-18; 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin 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. In the present case, the patient had complaints of pain in the low back radiating to the right leg to the feet with numbness and tingling, as well as coldness on her legs. In addition, physical examination showed decreased sensation of bilateral lower extremities. She has a diagnosis of thoracic/lumbar sprain/strain with bilateral lower extremity radiculopathy. Guidelines support the use of gabapentin as a first-line medication for the treatment of radicular pain associated with neuropathy. Therefore, the request for 60 Neurontin (Gabapentin) 600mg was medically necessary.