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| Case Number: | CM14-0195790 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 05/03/2011 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 26 year old female, who sustained an industrial injury on 5/3/11. She reported low back injury. The injured worker was diagnosed as having acute industrial lumbosacral sprain/strain 5/3/11; status post right L4-5 hemilaminotomy and microdiscectomy 9/10/12; recurrent L4-5 (HNP) herniated nucleus pulposus with persistent right lower extremity radiculopathy 2/13/13 and status post anterior lumbar interbody fusion with instrumentation 12/3/13. Treatment to date has included anterior lumbar fusion, 24 sessions of physical therapy, activity restrictions, oral medications including Naproxen, Neurontin, Flexeril, Norco and topical Menthoderm and home exercise program. Currently, the injured worker complains of low back pain with radiation through bilateral lower extremities to the toes with associated numbness and tingling. She rates the pain 6/10 without medications and 4/10 with medications. She is currently working in a modified-duty capacity on a full time basis. Physical exam noted healed incision over the midline of the lower lumbar spine consistent with laminectomy, tenderness to palpation over the midline of the lower lumbar spine extending into the bilateral paralumbar regions with slight muscle spasm, restricted range of motion of lumbar spine and diminished sensation of all dermatomes throughout the bilateral lower extremities. The treatment plan included refilling of medications and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. Mechanism of action: This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. (Arnold, 2007) Specific pain states: There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. (Peng, 2007) (Buvanendran, 2007) (Menigaux, 2005) (Pandey, 2005) In this instance, the injured worker has had 2 surgeries previously for a lumbar disc displacement and lumbar spinal stenosis. She has had ongoing low back pain with symptoms of radiation to the lower extremities since her surgeries. The physical exam has at times shown patchy regions of diminished light touch sensation and to a pinwheel, and at other times has shown normal neurological findings. On 8-14-2014 the agreed medical examiner thought that Naproxen, Neurontin, and Flexeril were all appropriate. On 12-1-2014 the combination of medications were said to diminish pain from 6/10 to a 3/10. The injured worker clearly has/had neuropathic pain which appears to have responded to surgeries and medication. Therefore, Neurontin 800 mg #90 is/was medically necessary and appropriate.