

Case Number:	CM14-0205403		
Date Assigned:	12/17/2014	Date of Injury:	10/21/2005
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 60 year old male with an injury date of 10/21/05. Based on the 11/13/14 progress report provided by treating physician, the patient complains of moderate to severe pain to the lower back, gluteal area, legs, and thighs. Patient also complains of radiating pain to the ankles, feet, calves, and thighs bilaterally which is exacerbated by prolonged standing, sitting, climbing stairs, and lifting. Patient reports pain level of 6/10 while on medications and an improvement in function ADLs. Patient has not had any back surgeries to date. Physical examination on 11/13/14 finds the patient with an antalgic gait, mild pain on palpation to the lumbar area, decreased sensation to the Right S1 and Right L5 dermatomes. Range of motion was decreased bilaterally for lateral flexion and most significantly decreased for forward flexion. Patient is permanent and stationary. Patient medications include Abilify, Cymbalta, terazosin, Trilipix, omeprazole, lisinopril, metformin, glimepiride, atorvastatin, januvia, lantus, Norco, Nucynta, Neurontin. Diagnosis 11/13/14:- Degenerative disk disease, lumbar- Low back pain, chronic- Overweight-Facet arthropathy- Chronic opioid analgesia therapy- Spinal stenosis of the lumbar region- Chronic pain syndrome- Radiculopathy, Thoracic or lumbosacral, chronicThe utilization review determination being challenged is dated 11/24/14The rationale is: "A prior review non-certified neurontin due to long-term use for bilateral leg pain and numbness which was persistently worsening, demonstrating a lack of efficacy for this medication... tapering was initiated and should have been completed at this time.. The current documentation reveal the same pain pattern".Reports were provided from 04/06/13 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg #90 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin.

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

Decision rationale: The patient presents with moderate to severe pain to the lower back, gluteal area, legs, and thighs. Patient also complains of radiating pain to the ankles, feet, calves, and thighs bilaterally. Patient reports pain level of 6/10 while on medications. Physical examination on 11/13/14 finds the patient with an antalgic gait, mild pain on palpation to the lumbar area, decreased sensation to the right S1 and L5 dermatomes. The patient currently takes Norco for pain. The request is for Neurontin 600mg #90 with one refill. MTUS has the following regarding Gabapentin on pages 18 and 19: "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." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per utilization review letter dated 11/24/14 "A prior review non-certified Neurontin due to long-term use for bilateral leg pain and numbness which was persistently worsening, demonstrating a lack of efficacy for this medication... Tapering was initiated and should have been completed at this time... The current documentation reveals the same pain pattern". Per progress report dated 11/13/14, the prescribing physician comments "the Neurontin keeps the muscle spasms down in the R (right) leg and should be continued." Additionally progress report dated 10/16/14 states "He is pleased to report that both of the opioids and the Neurontin help take his pain away by a good 80-90% allowing for more activity, exercise, and better sleep and mood... he displays no aberrant behaviors and his CURES and opiate agreement are up to date." These two sequential progress reports document an increased functionality for activities of daily living (ADLs), a reduction in pain, and a lack of adverse effects or aberrant behaviors. On-going use of Neurontin appears medically reasonable. The request is medically necessary.