

Case Number:	CM14-0206735		
Date Assigned:	12/18/2014	Date of Injury:	01/27/2012
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab 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 58 year old male with date of injury 1/27/12. The treating physician report dated 11/03/14 (1071) indicates that the patient presents with pain affecting the low back. The physical examination findings reveal tenderness to palpation at L4-S1 and moderate tenderness over the right paraspinal and mild on the left. Tenderness to palpation over the right PSIS/buttock. Prior treatment history includes injection, medication, physical therapy, EMG, MRI and x-rays. MRI findings reveal posterior disc bulges and neuroforaminal narrowing. The current diagnoses are: 1.Low back pain with lumbar radiculitis/radiculopathy2.Lumbar degenerative disc disease with herniated disc3.Bilateral L5 lumbar radiculopathy4.Myofascial pain and strain associated with lumbar degenerative disc disease5.Medical marijuana user for migraine headache attackThe utilization review report dated 12/04/14 (470) denied the request for Neurontin #60 and Pamelor #30 based on lack of documentation as to efficacies of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin; Medications for chronic pain Page(s): 18; 60.

Decision rationale: The patient presents with low back pain. The current request is for Neurontin 300 mg #60. The treating physician states that the patient had 50% relief after a lumbar epidural but still has residual low back pain and requires medications for pain control. The MTUS guidelines state, "Gabapentin (Neurontin, Gaborone, 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." On page 60 MTUS guidelines state, "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Furthermore, "A record of pain and function with the medication should be recorded." In this case, the treating physician states that the patient's pain level varies from 2-8 depending on activities from a 1-10 scale and is "partially better" with medications. The treating physician has not adequately documented the efficacy of Neurontin for this patient, only that he "requires medication for pain control." Therefore, this request is not medically necessary.

Pamelor 25mg qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The patient presents with low back pain. The current request is for Pamelor 25 mg #30. The treating physician states that the patient had 50% relief after a lumbar epidural but still has residual low back pain and requires medications for pain control. The MTUS guidelines state that antidepressants are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Furthermore, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." In this case, the treating physician states that the patient's pain level varies from 2-8 depending on activities from a 1-10 scale and is "partially better" with medications. There is no discussion regarding functional improvement with this medication. The treating physician has not adequately documented the efficacy of Pamelor for this patient, only that he "requires medication for pain control." Therefore, this request is not medically necessary.