

Case Number:	CM14-0209492		
Date Assigned:	12/22/2014	Date of Injury:	01/04/2001
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 57 year old male with an injury date of 1/4/01. Based on the 11/6/14 progress report, the patient complains of 5/10 pain with medications for the lower backache and left knee and 9/10 without medications. Current medications are: Pennsaid 1.5% Solution, Duloxetine Hcl [REDACTED], Ibuprofen, Gabapentin 300mg QID, Carisoprodol, Dhea, Norco 10/325. Lumbar spine flexion is 55 degrees and extension is 10 degrees, limited by pain. Lumbar facet loading is positive bilaterally. Straight leg raising test is positive on the left in sitting at 80 degrees. Tenderness to palpation is noted over the medial joint line and patella with 1+ effusion in the left knee joint. Light touch sensation is decreased over the L5 lower extremity dermatone(s) on the left side and the L4 lower dermatone(s) bilaterally. Deep tendon reflexes with knee jerk is 0/4 bilaterally and ankle jerk is 0/4 bilaterally. Diagnoses for this patient are:- Post Lumbar Laminect Syndrome- Lumbar Radiculopathy- Lumbar Facet Syndrome- Knee PainThe utilization review being challenged is dated 11/21/14. The request is for prospective request for 1 prescription of Gabapentin 300mg #120. The requesting provider has provided reports from 3/5/13 to 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Gabapentin 300mg #120.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 16-18.

Decision rationale: This patient presents with lower backache and left knee pain. This patient has undergone several surgeries to the lower back and most recently, L3-L4 lumbar fusion on 3/5/13. The treater requests PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GABAPENTIN 300MG #120 per report dated 11/6/14, for neuropathic pain. According to MTUS guidelines, pages 16-18, Gabapentin (Neurontin) 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. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Per the 3/20/14 report, the treater prescribes Gabapentin and to increase as tolerated to address the patient's neuropathic pain from peroneal nerve. According to the 3/31/14, patient states "Neurontin takes the edge off of his severe left knee and calf pain." On 8/21/14, patient reports "Gabapentin has been of minimal benefit so far." Patient reports 9/10 pain without medications and 5/10 pain with medications, and he is using Gabapentin 300mg QID at the 11/6/14 visit. He also reports "medications are less effective." There appears to be mixed response to the ongoing use of Neurotin. Treater is currently tapering the Norco and Soma and patient has been weaned off of benzodiazepines. Given the opiates taper, continued use of Neurontin would appear reasonable, and later on, taper them off if not effective. The request IS medically necessary.