

Case Number:	CM15-0142335		
Date Assigned:	08/03/2015	Date of Injury:	10/02/2001
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female who sustained an industrial injury on 10-2-01. Her initial complaint was the onset of low back pain after lifting an object. Her pain progressed to involve both lower extremities. She received conservative treatment until she began experiencing her legs "giving way". During one episode of her legs "giving way" resulted in a fall, causing injury to her foot and shoulder. She, eventually, underwent a lumbar fusion in 2007. She has experienced increased pain in her lower back within the last year. On 6-15-15, the injured worker presented to the orthopedic QME's office. She complained of worsening back pain, stating that when she walks, she needs to "lean on something". She reported that she has low back pain with intermittent pain radiating through the anterior and lateral aspects of her thighs. She also complained of numbness in both feet-the right more than the left. The foot pain radiates up to the ankles and then into the shin. Again, affecting the right more than the left extremity. The injured worker has received a CT scan, x-rays, and an MRI. She has been diagnosed with Adjacent segment degeneration L2-3 and L3-4, Status post L4-S1 fusion with symptomatic hardware, Intermittent bilateral L3 and L4 radiculopathy, L2-3 and L3-4 lateral recess stenosis, Neurogenic claudication, Bilateral sacroiliac joint dysfunction. She currently receives conservative treatment with medications, which include Cymbalta, Ibuprofen, Lyrica, and Omeprazole. The QME's recommendations include a pain management consultation and diagnostic sacroiliac joint blocks without cortisone, an updated EMG, NCV to the lower extremities, and a prescription for as needed Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin cap 300mg one tab TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for worsening back pain. Treatments have included a multilevel lumbar fusion including at L5-S1. When seen, diagnostic hardware blocks had been negative. There was bilateral lower lumbar and sacroiliac joint tenderness. There was decreased left lower extremity sensation. Sacroiliac joint testing was performed. Posterior thigh thrust and Fortin tests were positive bilaterally. Pelvic distraction and compression testing was positive on the left side only. Authorization for diagnostic sacroiliac joint blocks was requested. Medications included Neurontin at 300 mg three times per day on an as needed basis. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended and is being prescribed on an as needed basis. Ongoing prescribing at this dose is not medically necessary.