

Case Number:	CM15-0180380		
Date Assigned:	09/22/2015	Date of Injury:	05/20/2003
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, California
 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 51 year old male, who sustained an industrial injury on 5-20-2003. The injured worker was diagnosed as having thoracic-lumbosacral neuritis-radiculitis, unspecified, unspecified myalgia and myositis, spasm of muscle, and pain in thoracic spine. Treatment to date has included diagnostics, left cubital tunnel surgery on 8-07-2015, trigger point injections, and medications. Currently (8-24-2015), the injured worker complains of mid and low back pain and left elbow pain. It was documented that he was doing more pool exercises and swimming, noting this was helping his back. Medication use included Neurontin for neuropathic-radicular pain, Norco and Ultram for around the clock reduction of pain, and Flexeril for reduction in spasms. It was documented that he no longer had numbness and tingling into the fourth and fifth fingers on the left. Physical exam noted slight stiffness and guarding of the thoracic spine, limited range of motion in the thoracic and lumbar spine, musculoskeletal trigger points with twitch bilaterally, right worse than left, in the left parathoracic region and flank region, and also right paralumbar twitch positive, extending to the right buttock. Exam of the bilateral upper extremities noted right shoulder range of motion 80-90, left elbow with full flexion and extension, and left grip weaker than right. The records noted that the patient had right lower limb pain with a history of lumbosacral radiculopathy, good recovery from left cubital tunnel surgery. The use of Neurontin at the current dosing was noted for greater than 3 years. The treatment plan included continued Neurontin 300mg #240 (2 capsules every 4 hours), modified to Neurontin 300mg #56 by Utilization Review on 9-04-2015. The medication list included Norco, Ultram, Flexeril and Oxycodone and Neurontin. Per the note dated 9/22/15 the patient had complaints of mid and low back pain. Physical examination revealed stiffness and

guarding of thoracic spine, guarded gait, limited range of motion and trigger points in thoracic and lumbar region. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg, 240 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Request: Neurontin 300 mg, 240 count. According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (alloying and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The injured worker was diagnosed as having thoracic-lumbosacral neuritis-radiculitis, unspecified myalgia and myositis, spasm of muscle, and pain in thoracic spine. Treatment to date has included diagnostics, left cubital tunnel surgery on 8-07-2015. Currently (8-24-2015), the injured worker complains of mid and low back pain and left elbow pain. Medication use included Neurontin for neuropathic-radicular pain. Physical exam noted slight stiffness and guarding of the thoracic spine, limited range of motion in the thoracic and lumbar spine, musculoskeletal trigger points with twitch bilaterally, right worse than left, in the left parathoracic region and flank region, and also right paralumbar twitch positive, extending to the right buttock. Exam of the bilateral upper extremities noted right shoulder range of motion 80-90, left elbow with full flexion and extension, and left grip weaker than right. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient's symptoms. Anticonvulsants or antiepileptics like gabapentin/Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 300 mg, 240 count in patients with this clinical situation therefore the request is deemed medically necessary.