

Case Number:	CM15-0182253		
Date Assigned:	09/23/2015	Date of Injury:	08/27/2008
Decision Date:	10/27/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/16/2015

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 54 year old male, who sustained an industrial injury on 8-27-2008. The medical records submitted did not include the details regarding the initial injury or prior treatments to date. Diagnoses include myofascial pain syndrome, lumbar degenerative disc disease, and lumbar spondylosis. Currently, he complained of ongoing pain 8 out of 10 VAS. The record documented he reported gabapentin and Tizanidine were not as effective for the pain as Norco and Valium in the past. Current medications included Neurontin 300mg two capsules twice a day, Senokot, and omeprazole. On 8-20-15, the physical examination documented lumbar tenderness with trigger point noted and limited lumbar range of motion. The plan of care included discontinuation of Zanaflex, adding a trial of Metaxalone 800mg and an increased in Gabapentin to 600mg twice daily. The appeal requested authorization of Neurontin 300mg, #120. The Utilization Review dated 9-5-15, modified the request and stated "there was not evidence of neuropathy pain to warrant this medication." per the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #120: Upheld

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: The claimant sustained a work injury in August 2008 and is being treated for low back pain and secondary depression. Treatments have included medications, epidural injections, and recent sessions of aquatic therapy. His diagnoses are myofascial pain, lumbar degenerative disc disease, and lumbar spondylosis. In July 2015 a trial of gabapentin was started at 600 mg per day. When seen in August 2015, he reported that gabapentin and tizanidine were not as effective as Norco and Valium had been in the past. He had pain rated at 8/10. Physical examination findings included lumbar paraspinal muscle tenderness with trigger points and decreased lumbar flexion. His gabapentin dose was increased to 1200 mg per day. 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 at least 1200 mg per day. The claimant has lumbar degenerative disc disease without reported radiculopathy and has not undergone surgery. He had no benefit from epidural steroid injections. In this case, although an appropriate titration was being done, there are no complaints or physical examination findings that support a diagnosis of neuropathic pain. The request is not considered medically necessary.