

Case Number:	CM15-0187345		
Date Assigned:	09/29/2015	Date of Injury:	03/02/2011
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 03-02-2011. She has reported injury to the neck and low back. The diagnoses have included cervical pain; cervical facet syndrome; low back pain; lumbar facet syndrome; lumbar degenerative disc disease; radiculopathy; and pain in joint lower leg. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet, Neurontin, Opana ER, Cyclobenzaprine, Trazodone, Senna, and Docusate Sodium. Surgical intervention has included C4-5 anterior cervical discectomy and fusion, on 11-02-2012. A progress report from the treating physician, dated 07-28-2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain; her pain is constant and can fluctuate depending on her activity level and the type of activity; she also complains of numbness, tingling, and weakness; her medications continue to reduce her pain level with minimal side effects; with the reduction of her pain, she does have improved function and is able to do more in and outside of the home; she reports she is more stable and less irritable and emotionally labile than without medications; the pain level without medications is rated at 7 out of 10 in intensity; and without medications, she reports that she does not function as well and has decreased activity performance. Objective findings included she appears to be depressed and tearful; she ambulates with a normal gait; cervical spine range of motion is restricted; Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity; biceps and triceps reflex are 2 out of 4 on both the sides; brachioradialis reflex is 1 out of 4 on both the sides; on exam of the lumbar paravertebral

muscles, spasm and tenderness is noted on both the sides; straight leg raising test is positive; and all lower extremity reflexes are equal and symmetric. The treatment plan has included the request for Neurontin 600mg #120, take 1 by mouth every morning and mid-day and 2 every night at bedtime. The original utilization review, dated 09-03-2015, non-certified the request for Neurontin 600mg #120, take 1 by mouth every morning and mid-day and 2 every night at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #120, take 1 by mouth every morning and mid-day and 2 every night at bedtime: 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: Neurontin (gabapentin) is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects that occurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. 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. In this case the medical records provided do note that gabapentin, as a part of the injured worker's total medication regimen, has resulted in decreased pain levels and functional improvement, particularly with all aspects of her activities of daily living. She has been on the requested dose for three months and apparently tolerates Neurontin well without significant side effects. The medical records do demonstrate neuropathic pain with bilateral lumbar radiculopathy, which is a condition for which Neurontin is a first-line treatment. The use of gabapentin in this case is appropriate and consistent with the MTUS guidelines. The records show that the dose requested is 800mg, not 600mg as noted above. The prior utilization review decision is reversed and the request for Neurontin 800 mg #120, take 1 by mouth every morning and mid-day and 2 every night at bedtime, is medically necessary.