

Case Number:	CM15-0194857		
Date Assigned:	10/08/2015	Date of Injury:	11/01/1989
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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 57 year old male, who sustained an industrial injury on November 1, 1989. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar nerve root injury, arachnoiditis, lumbar nerve root injury, muscle spasm, discogenic degeneration lumbar, epidural fibrosis, debilitation, dry mouth secondary to narcotics, vascular stasis ulcers, reflex sympathetic dystrophy and headache. Treatment to date has included diagnostic studies and medication. On August 12, 2015, the injured worker reported more severe back pain, head and mouth pain and also trouble walking. He reported trying to reduce his medications, but the pain increases as a result. The treatment plan included lumbar sympathetic nerve b locks, intrathecal pump replacement, motorized wheelchair scooter, oral medications, consideration for implantable pump, vitamin B12 injection, vitamin d level, MRI brain and cervical spine, urine testing and follow-up visit. On September 18, 2015, utilization review denied a request for Neurontin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 1989 when he struck his back on an iron scaffold. In March 2015 his pain had stabilized since a fall in a shower the month before. He had ongoing many severe pain problems. Medications included Valium and Baclofen. Prior muscle relaxants had included Flexeril. An MRI of the cervical spine in April 2015 included findings of multilevel foraminal narrowing and compromise without reported canal stenosis. When seen in August 2015 he was considering reimplantation of an opioid pump. A prior opioid pump had been implanted but was removed due to infection contamination from a dental infection. He has extensive epidural scar tissue. He was having severe head and mouth pain. He had tried reducing medications but had increased pain. Physical examination findings included presenting in a wheelchair. There was decreased and painful lumbar spine range of motion. He had unstable gait. Straight leg raising was positive bilaterally. He had lower extremity hypersensitivity. He had bilateral lower extremity stasis ulcers. There were findings consistent with a diagnosis of CRPS. His medications were refilled including Neurontin. The report references a dose of 300 mg TID and requesting #120. The request submitted is for #60. Neurontin 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. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. The quantity being requested is not consistent with the dosing instructions or with the provider's documentation. Ongoing prescribing cannot be accepted as being medically necessary.