

Case Number:	CM15-0025518		
Date Assigned:	02/18/2015	Date of Injury:	03/21/2002
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 a work related injury on 3/21/02. The diagnoses have included opioid intolerance due to side effects, spondylolisthesis lumbar spine, lumbago, myofascial pain/paralumbal spasm, lumbosacral neuritis/radiculitis, and degeneration of lumbosacral discs. Treatments to date have included MRI lumbar spine, oral medications, Lidoderm patches, LSO brace use, TENS unit therapy, and transforaminal epidural steroid injection bilateral L3-4 and L5-S1. In the Pain Management Re-evaluation/ Follow up Visit note dated 1/7/15, the injured worker complains of low back pain and leg pain from mid lower leg and works up her leg. She complains of severe bilateral calf pain. She has severe, tingly, burning pain to both legs. She ran out of her medication. She has been using up some left over Norco that she had available. The Norco is giving her minimal relief. She hasn't been getting medications authorized and she cannot afford to pay for them herself. She has to take "itchy pill" in order to take opioid medications. She rates her pain a 7/10. She has decreased range of motion in lumbar spine. She has tenderness to touch of paraspinal muscles lumbar spine. On 1/20/15, Utilization Review non-certified requests for a psych evaluation for clearance for a spinal cord stimulator trial and Neurontin 300mg, #90 with 1 refill. The California MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation for clearance for a SCS trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Stress and Other Mental Conditions Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

Decision rationale: ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub-acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Psych evaluation for clearance for a SCS trial is clinically indicated.

Neurontin 300mg, ninety count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Gabapentin Page(s): 18.

Decision rationale: MTUS states "Gabapentin (Neurontin(R), Gabarone(tm), (generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. (Peng, 2007) (Buvanendran, 2007) (Menigaux, 2005) (Pandey, 2005) Spinal cord injury: Recommended as a trial for chronic neuropathic pain that is associated with this condition. (Levendoglu, 2004), however the request for medication Neurontin 300 mg, ninety count with one refill is not medically necessary at this time.