

Case Number:	CM15-0215930		
Date Assigned:	11/05/2015	Date of Injury:	04/08/2013
Decision Date:	12/22/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/03/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old male, who sustained an industrial injury on April 8, 2013. The injured worker was currently diagnosed as having cervical disc disorder with myelopathy, encounter for issue of repeat prescription, complete rotator cuff tear or rupture of right shoulder, carpal tunnel syndrome and residual cervical myelopathy and neck pain related to cervical cord compression, status post surgical decompression. Treatment to date has included diagnostic studies, surgery and medication. On October 23, 2015, the injured worker complained of residual myelopathic symptoms including balance problems and episodic spasms. He reported an aching sensation though his cervical spine as well as left shoulder girdle along with stabbing sensations into the parascapular area. He also reported numbness in the left hand with the thumb and index finger and numbness down the right lateral leg. The injured worker reported headaches and also depression due to chronic pain and functional status in life. He rated his current pain as an 8 on a 1-10 pain scale. His pain ranges were noted to go between a 2-8 on the pain scale. Medications noted in the progress report included Inderal, Norco, naproxen, baclofen and gabapentin. His medication was noted to provide approximately up to 66% improvement in pain. The treatment plan included Inderal, sertraline, Neurontin, Norco and a follow-up visit. On November 2, 2015, utilization review denied a request for Neurontin 300mg #60 with one refill. A request for Sertraline 50mg #30 with one refill, Inderal LA 80mg #30 with one refill and Norco 10-325mg #90 with no refills was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg capsule #60 w/1 refill 1-2 tabs by mouth nightly: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin 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. Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam or subjectively. The treating physician's progress report on 10-23-2015 states the patient "uses gabapentin 1 at night, which improves his sleep tolerance with his pain. Attempted to use it during the day found cognitive impairment." Dosage and efficaciousness should be monitored with Gabapentin so refills would not be appropriate at this time. The previous reviewer modified the request to Neurontin 300mg capsule #60. As such, the request for Neurontin 300mg capsule #60 w/1 refill 1-2 tabs by mouth nightly is not medically necessary.