

Case Number:	CM15-0219705		
Date Assigned:	11/12/2015	Date of Injury:	09/14/2006
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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 58 year old female, who sustained an industrial-work injury on 9-14-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral radiculopathy, lumbar strain and sprain and intervertebral disc disorder. Medical records dated 9-22-15 indicate that the injured worker is for follow up and requires medication re-fills. She denies nausea, vomiting, constipation, over sedation or epigastric pain. She reports adequate pain relief with current medications. The pain is rated 4 out of 10 on pain scale with medications and 8-9 out of 10 without medications, which is unchanged from previous visits. The physical exam reveals that she ambulates with antalgic gait and uses a single point cane. She is obese and shows no sign of sedation and displays no drug-seeking behavior. There is guarding, spasm and tenderness noted in the lumbar spine muscles with painful decreased range of motion. There is dysesthesia noted in the L5 and S1 dermatomal distribution bilaterally. There is pain with toe walk, heel walk and squatting. The medical records do not indicate decreased pain, increased level of function or improved quality of life. Treatment to date has included pain medication, Trazodone, Lidoderm patch, Zoloft, Norco, Gabapentin since at least 4-7-15, cane, and other modalities. The request for authorization date was 10-1-15 and requested service included Neurontin 300mg #90. The original Utilization review dated 10-27-15 non-certified the request for Neurontin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Overturned

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 sustained a cumulative trauma work injury with date of injury in September 2006. She has a history of bilateral knee surgery and right hand and wrist surgeries. Diagnoses also include lumbar radiculopathy. Trazodone, Lidoderm, Zoloft, Norco, and Neurontin are being prescribed with a reported decrease in pain from 8-9/10 to 4-5/10. When seen in September 2015 she had an antalgic gait and was using a cane. There was lumbar paravertebral muscle guarding with spasm and tenderness. There was decreased and painful range of motion. There were bilateral lower extremity dysesthesias. She had decreased quadriceps muscle strength. Medications were continued. Neurontin was being prescribed at a dose of 900 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic 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, although the claimant's gabapentin dosing is less than that recommended, medications are providing decreased pain. Diseases include lumbar radiculopathy and the claimant has lower extremity dysesthesia and decreased lower extremity strength. Titration to a higher dose could be considered with a reassessment for efficacy and side effects. Ongoing prescribing is medically necessary.