

Case Number:	CM15-0033080		
Date Assigned:	02/26/2015	Date of Injury:	07/01/2009
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a cumulative, repetitive motion industrial injury to her lower back and neck on July 1, 2009. The injured worker was diagnosed with cervical post-laminectomy syndrome with bilateral upper extremity radicular symptoms, lumbar myofasciitis with left lower extremity radicular symptoms and depressive disorder. The injured worker has a history of diabetes mellitus and gastroesophageal reflux disorder (GERD). The injured worker underwent an anterior cervical discectomy and fusion at C5-C6, C6-C7 and C7-T1 on May 20, 2012. According to the primary treating physician's progress report on January 16, 2015 the injured worker continues to have ongoing neck pain with radiation to the bilateral upper extremities and mid to low back pain with radiation to the left lower extremity. Examination of the posterior cervical musculature noted tenderness bilaterally with muscle rigidity and numerous trigger points. Examination of the lumbar spine demonstrated muscle rigidity, triggers points with decreased range of motion and muscle guarding and decreased sensation of the L5-S1 distribution bilaterally. The injured worker has received psychological support. Current medications consist of Percocet, Ultram, Duragesic Patches, Omeprazole, Neurontin and Cymbalta. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for Neurontin 300mg# 90. On January 29, 2015 the Utilization Review modified the certification for Neurontin 300mg# 90 to Neurontin 300mg# 45. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-18.

Decision rationale: The 1/29/15 Utilization Review letter states the Neurontin 300mg, #90 requested on the 1/16/15 medical report was denied. The 1/29/15 UR letter provided for review was missing pages and the rationale for the denial was not available. According to the 1/16/15 report, the patient presents with neck and back pain. The neck pain radiates down both upper extremities, and the lower back pain radiates down the left lower extremity. She takes Neurontin 600mg, bid. She has been diagnosed with cervical post-laminectomy syndrome with bilateral upper extremity radicular symptoms; s/p ACDF C5/6, C6/7, C7/T1 on 5/31/14; lumbar injury with left lower extremity radicular symptoms. She is TTD. The report does not discuss efficacy of Neurontin. The 11/07/14 report states the gabapentin is helping with the pain in her feet and hands with over 50% relief. This request is for Neurontin 300mg, #90. Neurontin (gabapentin) is an antiepilepsy drug (AED). MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs Antiepilepsy drugs (AEDs) Outcome states: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The prior medical report shows the patient was having over 50% reduction in neuropathic pain in the hands and feet with Neurontin 300mg, 3 per day. The request appears to be in accordance with MTUS guidelines. The request for Neurontin 300mg, #90 IS medically necessary.