

Case Number:	CM15-0048105		
Date Assigned:	03/20/2015	Date of Injury:	02/05/1999
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal 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 (IW) is a 48-year-old male who sustained an industrial injury on 02/05/1999. Diagnoses include failed back syndrome with chronic lumbar pain, lumbar radiculopathy and thoracic disc disease. Treatment to date has included medications, epidural steroid injections (ESI), home exercise, implanted intrathecal pain pump (with subsequent removal) and physical therapy. Diagnostics performed to date has included MRIs. According to progress notes dated 2/26/15, the Injured Worker reported ongoing left mid back, low back and left leg pain with worsening left lower extremity numbness, tingling and weakness. He reported greater than six weeks of 80% pain relief from the ESIs performed on 12/24/14. Per the Injured Worker, prescribed pain medications reduce his pain level from 10/10 to 5/10 and allow him to remain functional. A prescription for Neurontin (Gabapentin) was requested for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (gabapentin 800 mg), ninety count with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records document neuropathic pain. Medical records document a history of neuritis lumbosacral, low back pain, lumbago, lumbosacral neuritis radiculitis, postlaminectomy syndrome lumbar region, lumbar intervertebral degenerative disc disease, failed back syndrome, intrathecal pump implantation, and lumbar radiculopathy. MRI magnetic resonance imaging of lumbar spine revealed a catheter entering the spinal canal at L1-L2 level with possible scar tissue that may have been adhering to the transiting nerve roots, mild clumping of nerve roots at L1-L2, post-surgical changes L3 through L5, mild bilateral neural foraminal narrowing at L1-L2, and no spinal canal stenosis seen at any of the lumbar disc levels. The patient had transforaminal epidural steroid injections on 12/24/14 with pain relief and functional gain and reduced need of medication. The 1/29/15 progress report documented lumbar tenderness and positive straight leg raise. There was decreased strength and sensation in left lower extremity. The patient reported analgesia and improved activities of daily living with medications. Medical records document neuropathic pain. MTUS guidelines indicate that Neurontin (Gabapentin) is considered as a first-line treatment for neuropathic pain. The medical records and MTUS guidelines support the medical necessity of Neurontin (Gabapentin). Therefore, the request for Neurontin (Gabapentin) is medically necessary.