

Case Number:	CM15-0231916		
Date Assigned:	12/07/2015	Date of Injury:	04/30/1998
Decision Date:	01/13/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/25/2015

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: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on 4-30-1998. A review of medical records indicates the injured worker is being treated for lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy and left wrist internal derangement status post open reduction and internal fixation on 4-30-1998. Medical records dated 10-15-2015 noted ongoing pain to the low back with radicular symptoms in both lower extremities in approximate L5-S1 distribution. Pain was rated 8 out of 10. Pain has remained the same. Physical examination noted tenderness to the cervical spine with decreased range of motion. There was lumbar spine tenderness with decreased range of motion. Sensory examination was decreased long the posterolateral thigh and posterolateral calf in about the L5-S1 distribution bilaterally. Treatment has included physical therapy, injections, and Neurontin since at least 7-23-2015. Utilization review form dated 11-4-2015 non-certified Neurontin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin (Neurontin) 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. The request for Neurontin 600mg #90 is determined to not be medically necessary.