

Case Number:	CM14-0176674		
Date Assigned:	10/29/2014	Date of Injury:	10/23/2003
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 10/23/2003. Mechanism reportedly occurred while changing a battery on a pallet jack. Patient has a history of chronic back pain, herniated disc, post laminectomy syndrome and chronic radiculopathy. Patient is post anterior and posterior lumbar L5-S1 spinal fusion in 2007. Medical reports reviewed. Last report available until 9/3/14. Patient complains of chronic back pain. Drilling in nature. Pain affects both legs but L side is worst. Associated with tingling and numbness. Notes burning sensation at top of feet. Pain is 7-8/10 improves to 4-5/10 with medications. Objective exam reveals antalgic gait, well healed scar in back, numbness on L side of lower scar. Lumbar spine with limited range of motion. Muscle spasms, pain is L5, ischium and sacral notch. Reflexes are normal. L leg/calf and top of foot with decreased sensation. Note mentions no prior use of Neurontin, Lyrica, Nortriptyline or Robaxin. Note on 9/3/14 mentions trials of Neurontin and Nortriptyline. Prior documentation especially AME dated 4/25/13 does document radiculopathy and supporting electrodiagnostic studies revealing bilateral L5-S1 radiculopathy. CT Scan of Lumbar spine (10/12/13) reveals spondylosis is mildly increased at L4-5 with mild spinal stenosis. Moderate bilateral foraminal stenosis. Post-operative changes. Medication list include Hydrocodone/APAP, Ibuprofen, Cyclobenzaprine, Amlodipine and Lidoderm patches. Reportedly has used TENs, physical therapy and attempted epidural with no improvement. Independent Medical Review is for Neurontin 300mg #90 and Nortriptyline 25mg#30. Prior UR on 9/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Gabapentin (Neurontin); Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs AEDs.

Decision rationale: As per MTUS Chronic pain guidelines, Gabapentin/Neurontin is an anti-epilepsy drug(AED) that has utility in neuropathic pain. It is mostly recommended for painful polyneuropathy or post-herpetic neuralgia with poor evidence to support other types of neuropathies. There is no appropriate documentation of why Neurontin and Nortriptyline trials are being started at the same time. Such a trial would be invalid since it would be impossible to determine which medication caused the improvement of side effect. As per MTUS Guidelines, a trial requires monitoring or good outcome to determine if medication should be continued or switched to another first line agent. The provider needs to determine which medication should be attempted first and not at the same time for a chronic condition. Without appropriate clarification, Neurontin is not medically necessary.

Nortriptyline 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Pamelor is Nortriptyline, an Amitriptyline antidepressant. Amitriptylines are recommended as first line treatment for chronic neuropathic pains unless there is side effects or is not effective. These class of medications have very low threshold for toxicity and close monitoring must be considered. There is no appropriate documentation of why Neurontin and Nortriptyline trials are being started at the same time. Such trials would be invalid since it would be impossible to determine which medication caused the improvement of side effect. As per MTUS Guidelines, a trial requires monitoring of good outcome to determine if medication should be continued or switched to another first line agent. The provider needs to determine which medication should be attempted first and not at the same time for a chronic condition. Without appropriate clarification, Nortriptyline is not medically necessary.