

<b>Case Number:</b>	CM14-0154993		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational 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 is a 36 year-old male with date of injury 03/04/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/13/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Patient is status post spinal cord stimulator placement on 12/19/2011. Objective findings: Examination of the lumbar spine revealed numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. Decreased range of motion with both flexion and extension with obvious guarding noted. Straight leg raise was significantly positive on the left at about 30 degrees in the modified sitting position. Decreased sensation globally on the left lower extremity. Diagnosis: 1. Lumbar post-laminectomy syndrome 2. Status post PLIF at L4-5 3. Bilateral lower extremity radiculopathy, left greater than right 4. Situational depression 5. Spinal cord stimulator placement 6. Cervical spine musculoligamentous injury 7. Motor vehicle accident, industrial related 8. Xerostomia with resultant dental decay due to industrial medication use 9. Medication induced gastritis. The medical records supplied for review document that the patient was prescribed the following medication on 08/13/2014. Medication: 1. Neurontin 600mg, #90 (no SIG provided).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600mg Qty: 90.00 is not medically necessary.

**Multidisciplinary Detox Functional Restoration Program Qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs)

**Decision rationale:** Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Multidisciplinary Detox Functional Restoration Program Qty: 30.00 is not medically necessary.