

Case Number:	CM14-0217138		
Date Assigned:	01/07/2015	Date of Injury:	04/29/2010
Decision Date:	03/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female who sustained a work related injury April 29, 2010. According to a qualified medical evaluation performed August 13, 2014, while moving a heavy pallet, the injured worker felt a popping sensation in her lower back causing pain. She was treated with pain medications and physical therapy and eventually underwent an MRI. Further documentation reveals chiropractic treatment, injections additional physical therapy, EMG studies and using a device a vertebral distraction technique while in a chiropractic treatment. She has been off work since October 11, 2013. According to a primary treating physician's progress report, dated November 17, 2014, the injured worker presented for a follow-up evaluation complaining of pain in the lower back which has improved since undergoing a series of two epidural steroid injections, the last September 25, 2014. She reported 60% pain relief in the lower back as well as radicular symptoms to the lower extremity with improvement in mobility and activity tolerance. She was able to perform chores around the house, cooking, cleaning as well as participate in a self-directed physiotherapy program with less pain. She is now taking Norco on an as needed basis instead of two tablets a day. The injured worker also complains of increased neck pain with cervicogenic headaches with radicular symptoms to both upper extremities. An MRI performed November 8, 2014 (present in medical record, revealed disc desiccation at C2-C3 down to C6-C7; C4-C5 broad-based disc herniation measurement 2.9mm; C5-C6 broad-based disc herniation measurement 2.9mm; C6-C7 broad-based disc herniation measurement 1.9mm and reversal of the normal cervical lordosis. Physical examination revealed she is 4 feet 9 inches and 155 pounds. There is tenderness to palpation in the posterior cervical

spine musculature, trapezius, medial scapular, and sub-occipital region, and positive Spurling sign bilaterally. Cervical range of motion flexion 30 degrees, extension 30 degrees, right and left lateral bend 30 degrees and right and left rotation 60 degrees. Sensory examination to Wartenberg pinprick wheel is decreased along the lateral arm and forearm in the approximate C5-6 distribution. She stands erect with normal posture and lumbar range of motion measured as flexion 45 degrees, extension 15 degrees, left and right lateral bend 20 degrees. Wartenberg pinprick wheel is decreased along the posterior lateral and calf and dorsum of the foot bilaterally, right greater than left. The straight leg raise in the modified sitting position is positive on the right at 30 degrees and the left at 60 degrees. Assessment documented as L5-S1 herniated nucleus pulposus with bilateral lower extremity radiculopathy right greater than left; cervical myoligamentous injury with bilateral upper extremity radicular symptoms and medication-induced gastritis. Treatment included; four trigger point injections while in the office with a total of 10cc of 0.25% bupivacaine, consideration for cervical epidural injections in the future, and refill of medications. Work status is documented as temporarily totally disabled for the next 6 weeks. According to utilization review performed December 3, 2014, Neurontin 300mg three times a day has been partially certified to Neurontin 300mg x one month supply. Citing MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants and recommended for neuropathic pain. Due to the risk for withdrawal syndrome from abrupt discontinuation, partial certification is recommended. This will allow an opportunity for submission of compliance with medication guidelines, including ongoing evidence of objective functional benefit as a result of medication, and the need for continuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg three times a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Anti-convulsants Page(s): 16-22. Decision based on Non-MTUS Citation Pain Chapter Anti-convulsants

Decision rationale: The CA MTUS and the ODG guidelines recommend the use of anticonvulsants as first line medications for the treatment of neuropathy and radiculopathy associated with chronic pain. The records indicate that the patient had subjective, objective, radiological and neurological findings consistent with cervical and lumbar radiculopathy. The patient responded to epidural steroid injections but did have residual radicular pain. There is documentation of functional restoration without adverse medication side effects. The patient was noted to be compliant with medication utilization. The criteria for the use of Neurontin 300mg TID #90 was met.