

Case Number:	CM15-0116821		
Date Assigned:	06/25/2015	Date of Injury:	03/16/2000
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 an 80 year old female, who sustained an industrial injury on 03/16/2000. She has reported subsequent neck, back, bilateral shoulder, bilateral wrist, left hand and bilateral hip pain and was diagnosed with multiple sprains and contusions of the cervical spine, shoulder, hips and back, left rotator cuff tear status post arthroscopy, left shoulder impingement syndrome, lumbar spondylosis, degenerative disc disease and stenosis, bilateral extremity radiculopathy, bilateral sciatic pain and chronic low back pain. MRI of the lumbar spine dated 01/18/2006 showed L4-L5 central canal stenosis due to degenerative disc and facet changes, L5-S1 diffuse ridge and bulge with central disc protrusion, mild left sided neuroforaminal stenosis, mild flattening of left L5 nerve root and mild to moderate stenosis of L5-S1. Treatment to date has included medication, physical therapy, a lumbar epidural steroid injection, home exercise program and surgery. Documentation shows that the injured worker was prescribed Neurontin as far back as 2004. PR-2 notes dated 06/10/2014, 12/11/2014 and 05/28/2015 show that the injured worker complained of chronic intermittent low back and left shoulder pain with intermittent sciatic symptoms in the bilateral lower extremities. The injured worker's pain levels were noted to be reduced by 30-40% with the use of Neurontin, however the level of pain prior to and after use of the medication is not quantified. Objective findings were notable for positive impingement signs in the left shoulder with limited range of motion, slight tenderness at the lower lumbar spine and some reduced sensation to light touch at the plantar aspect of the left ankle and foot related to prior ankle surgery . A request for authorization of Neurontin 300 mg, one capsule by

mouth at bedtime, quantity of 30 with five refills and Neurontin 600 mg one tablet by mouth twice a day, quantity of 60 with five refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, one capsule by mouth at bedtime, quantity 30 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs.

Decision rationale: According to the CA MTUS and the ODG, Neurontin (Gabapentin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The MTUS states that 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 submitted documentation shows that the injured worker has been prescribed Neurontin since 2004. The condition being treated by the medication appears to be chronic low back pain, although this is not specifically stated in the medical records. In this case, the provider reported that the injured worker had a 30-40% reduction in back pain with the use of Neurontin and that the medication helped her to conduct activities of daily living. However, the recent progress notes show no evidence of significant pain relief or objective functional improvement with use of this medication. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Neurontin 600mg one tablet by mouth twice a day, quantity 60 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 16-19.

Decision rationale: According to the CA MTUS and the ODG, Neurontin (Gabapentin) is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The MTUS states that 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 submitted documentation shows that the injured worker has been prescribed Neurontin since 2004. The condition being treated by the medication appears to be chronic low back pain, although this is not specifically stated in the medical records. In this case, the provider reported that the injured worker had a 30-40% reduction in back pain with the

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