MAXIMUS Federal Services

Case Number:	CM15-0123845		
Date Assigned:	07/08/2015	Date of Injury:	07/30/2010
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/26/2015

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 54 year old female, who sustained an industrial injury on July 30, 2010. Treatment to date has included physical therapy, bilateral carpal tunnel release, left shoulder arthroscopy, medications, work restrictions, MRI of the lumbar spine and EMG/NCV. Currently, the injured worker complains of low back pain with right lower extremity radiculopathy and with b elbow pain. She reports that she is using her patches and stimulation unit which provide relief. On physical examination the injured worker has tenderness to palpation over the lumbar spine with mild spasm. She has positive right straight leg raise test with pain radiating to the right knee. She has tenderness to palpation over the bilateral elbows at the lateral and medial epicondyles. The diagnoses associated with the request include status post left shoulder arthroscopy, cervical/thoracic/lumbar spine sprain/strain, right shoulder sprain/strain and bilateral elbow medial/lateral epicondylitis. The treatment plan includes Ultram ER, Prilosec, Neurontin, pain management consultation, lumbar epidural steroid injection, and left elbow MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of anti-epilepsy 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 anti-epilepsy 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. In this case, the injured worker has been taking Neurontin for an extended period, yet there is no documentation of the pain relief or functional gains made while taking the medication. The request for 60 tablets of Neurontin 600mg is not medically necessary.