

<b>Case Number:</b>	CM15-0179980		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/12/2007
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 11-12-2007. The injured worker was diagnosed salivary secretion disorder. The request for authorization is for: prospective request for one prescription of Neurontin 600mg #90, and prospective request for 4 trigger point injections. The UR dated 5-7-2015: modified certification of one prescription of Neurontin 600mg #60 and non-certified the request for 4 trigger point injections. On 8-24-2015, he reported low back pain. He indicated recently having an epidural steroid injection which decreased his pain level from 8 out of 10 to 3 out of 10, and helped him to decreased Norco from 3 tablets to 2 tablets per day. His current pain level is rated 5-6 out of 10. He also reported left knee pain. Physical findings revealed tenderness in the neck and low back, decreased sensation in the arms and forearms, positive straight leg raise testing bilaterally. The provider noted under the treatment plan that the injured worker had palpable trigger points is the low back. He also noted failure of NSAIDs non-steroidal anti-inflammatory drugs and-or muscle relaxants. The records indicate he has been utilizing Gabapentin since at least January 2015. The medical records do not discuss current efficacy of the requested Neurontin or the injured worker's current functional status. The treatment and diagnostic testing to date has included: urine drug screen (12-11-2014), lumbar epidural steroid injection (7-2-2015) noted to have given significant pain relief of 80%, lumbar surgery (4-16-2010), left knee surgery (4-9-2014), AME (1-6-2014), cortisone injection of left knee (1-12-2015), and home exercise program, electrodiagnostic studies (1-4-2008) which was determined to be normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **NEURONTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are lumbar spine post-laminectomy syndrome; bilateral lower extremity radiculopathy; status post L5-S1 posterior interbody fusion; arthroscopy right shoulder rotator cuff tear; myofascial pain syndrome; reactionary depression and anxiety; medication induced gastritis. Date of injury is November 12, 2007. Request for authorization is August 24, 2015. According to a January 12, 2015 progress note, medications include Neurontin, Norco, Anaprox, Protonix, Viagra and Colace. According to August 24, 2015 pain management progress note, the injured worker received a recent epidural steroid injection and SI injection with relief July 2, 2015. Pain score is now 3/10. Objectively, the lumbar spine is tender to palpation with positive straight leg raising. There are no trigger points documented in the medical record lumbar spine examination. Neurologically there is decreased sensation down the lower extremity. There is no documentation demonstrating objective functional improvement with ongoing Neurontin 600 mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement, Neurontin (Gabapentin) 600 mg #90 is not medically necessary.

### **TRIGGER POINT INJECTIONS # 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections (TPIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injections #4 are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be

responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spine post-laminectomy syndrome; bilateral lower extremity radiculopathy; status post L5-S1 posterior interbody fusion; arthroscopy right shoulder rotator cuff tear; myofascial pain syndrome; reactionary depression and anxiety; medication induced gastritis. Date of injury is November 12, 2007. Request for authorization is August 24, 2015. According to a January 12, 2015 progress note, medications include Neurontin, Norco, Anaprox, Protonix, Viagra and Colace. According to August 24, 2015 pain management progress note, the injured worker received a recent epidural steroid injection and SI injection with relief July 2, 2015. Pain score is now 3/10. Objectively, the lumbar spine is tender to palpation with positive straight leg raising. There are no trigger points documented in the medical record lumbar spine examination. Neurologically there is decreased sensation down the lower extremity. The documentation shows there are no trigger points documented on the lumbar spine examination. Additionally, there are objective findings compatible with radiculopathy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating trigger points with evidence of a twitch response and objective evidence of radiculopathy, trigger point injections #4 are not medically necessary.