

Case Number:	CM15-0072717		
Date Assigned:	04/23/2015	Date of Injury:	07/01/2009
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Illinois

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 49 year old male, who sustained an industrial injury on July 1, 2009. The injured worker was diagnosed as having cervicalgia, radiculopathy, and C5-C6 disc bulge. Treatment to date has included MRIs, electromyography (EMG)/nerve conduction velocity (NCV), cervical epidural steroid injection (ESI), dorsal rami diagnostic blocks (DRDB) and medication. Currently, the injured worker complains of cervical pain with radicular pain in the right and left arm, weakness in the right and left arm, headaches, upper back pain, low back pain and stiffness, numbness in the right and left leg, and radicular pain in the right and left leg. The Primary Treating Physician's report dated March 23, 2015, noted the injured worker had nociceptive, neuropathic, and inflammatory pain, with noted substantial benefit from the medications. A urine drug screen (UDS) dated November 19, 2014, was noted to be within normal limits. The injured worker's medications were listed as Cialis, Cymbalta, Embeda, Gabitril, Ibuprofen, Imitrex, Inderal, Loratadine, Lyrica, and Prilosec. Physical examination was noted to show mild tenderness to the paraspinous area of the cervical spine, with muscle spasm present radiating to the posterior scalp and into both shoulders. A MRI study was noted to show disc herniations and foraminal narrowing at the L4-L5 and L5-S1 levels. Straight leg raise was noted to be positive bilaterally. The treatment plan was noted to include request for medications and a DRDB of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #180 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-22.

Decision rationale: The injured worker sustained a work related injury on July 1, 2009. The medical records provided indicate the diagnosis of cervicgia, radiculopathy, and C5-C6 disc bulge. Treatment to date has included MRIs, electromyography (EMG)/nerve conduction velocity (NCV), cervical epidural steroid injection (ESI), dorsal rami diagnostic blocks (DRDB) and medication. The medical records provided for review do not indicate a medical necessity for Neurontin 300mg #180 with 4 refills Neurotin (Gabapentin) is an anti-epileptic medication. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The records indicate the injured worker is being treated with 6 other pain medications (two of which are anti-epilepsy drugs), and that these 6 medications provide about 90% pain relief. Some of the six other medications are associated with the drowsiness, besides several other adverse effects. The addition of Neurontin to these other medications will likely increase the risk without necessarily increased benefit. The request is not medically necessary.