

Case Number:	CM15-0073543		
Date Assigned:	04/23/2015	Date of Injury:	05/08/2000
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 72 year old female who sustained an industrial injury on 05/08/2000. Diagnoses include severe lumbo/lumbosacral discogenic pain and radiculopathy. Treatment to date has included diagnostic studies, aquatic therapy, back brace, and medications. A physician progress note dated 03/06/2015 documents the injured worker presents for an urgent visit due to a severe flare of low back pain that radiates to the left buttock, and thigh to knee. It occurred with a slight twisting motion. He describes pain at left L4 distribution. There is a positive left straight leg raising. She has a positive weak left knee, and a limp on the left. On palpation the left greater trochanter and buttock are very tender. A cortisone injection was provided in the left greater trochanter based on prior benefit. The treatment plan included prescriptions for Norco and Phenergan, along with Gabapentin and Nortriptyline. Treatment requested is for Gabapentin 600mg #90, and Nortriptyline 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

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

Decision rationale: According to the MTUS guidelines 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the claimant was not getting adequate relief from the medication as implied in the progress note on 2/2/15. Continued use of Gabapentin is not medically necessary.

Nortriptyline 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 13.

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have a screening EKG. There were no neuropathic symptoms. The symptoms were predominant due to nerve root pain rather than a neuropathic pain. The request for Nortriptyline is not medically necessary.