

Case Number:	CM15-0074079		
Date Assigned:	04/24/2015	Date of Injury:	02/05/2006
Decision Date:	05/21/2015	UR Denial Date:	03/21/2015
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: North Carolina
 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 58 year old female who sustained an industrial injury 2/5/06 involving the back. Of note she has had prior back injuries in 2003 and 2004. For the 2006 injury she had chiropractic adjustments and returned to work until 2008. She had a laminectomy and fusion in 2009 with no benefit. She complains of pain in her back, neck and shoulders with upper and lower extremity radicular symptoms. She has insomnia due to pain. Medications are Brintellix, Neurontin, Voltaren, Fetzina and Zolof. Diagnoses include alcohol abuse and dependence; chronic neck pain with surgery (12/8/11); thoracic spine pain, status post-surgery (12/8/11); chronic low back pain , status post bilateral L2-L5 hemilaminectomy/ facetectomy/ foraminotomy, left L3-L5 posterior lumbar inter-body fusion, open reduction and internal fixation of T12-L5 scoliosis with titanium hardware on 9/28/09; bilateral carpal tunnel syndrome with carpal tunnel release (12/8/11); left shoulder pain. Treatments to date include pain management, physical therapy and medications. Diagnostics include MRI of the left shoulder (3/4/13) abnormal; electromyography of the left upper extremity (1/20/15) abnormal. In the progress note dated 3/5/15 the treating provider's plan of care includes Neurontin 400 mg up to three per day for neuropathic pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of carpal tunnel syndrome. Therefore the request is necessary and approved.