

Case Number:	CM15-0097526		
Date Assigned:	05/28/2015	Date of Injury:	12/26/1995
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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 42-year-old female patient who sustained an industrial injury on 12/26/1995. A pain management follow up visit dated 07/07/2014 reported the patient with subjective complaint of having ongoing lower back pain. She did undergo an epidural injection on 03/31/2014 with much improvement in symptom, but still reporting at least 70 % pain relief of the lower back pain. She reports being back to full timework. She rates the pain a three out of 10 in intensity, and overall she is pleased with the results; hoping to attain similar results of nearly a nine-month reduction in pain. The medication regimen consists of Norco 10/325mg 2-3 tabs daily, Anaprox, FexMid, Prilosec, and Ambien. Objective findings showed the lumbar spine with tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the paraspinals. She has decreased range of motion with obvious muscle guarding. A sensory examination with Wartenberg pinprick wheel is decreased along the posterior lateral thigh and lateral calf bilaterally at L5-s1. The straight leg raise in the modified sitting position is positive at 60 degrees bilaterally causing radicular symptom, right greater. A magnetic resonance imaging study of the lumbar spine done on 06/05/2012 revealed L3-4, L4-5 a 3mm disc bulge with associated facet arthropathy; also noted a 1mm disc bulge. The assessment found the patient with lumbar myofascial injury with bilateral lower extremity radicular symptoms, lumbar facet syndrome and medication induced gastritis. The plan of care involved: refilled current medications; dispensed Norco, Anaprox, and Prilosec, and follow up in one month. Another pain management follow up visit dated 09/29/2014 showed no change in the treating diagnoses, subjective complaint, or current

medications. The plan of care-involved recommendation to receive a fluoroscopy guided transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 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. 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. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post herpetic 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. Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore, the request is medically necessary.