
Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

2/16/2013

7/8/2013

CM13-0001026

- 1) MAXIMUS Federal Services, Inc. has determined the request for a trial of Neurontin (300 mg) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a trial of Neurontin (300 mg) **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013.

History of Condition: The patient is a 26 year old female who sustained an injury on 02/16/13 and has been followed for complaints of neck and low back pain. Imaging of the cervical and lumbar spine was stated to show disc desiccation and decrease of disc height with no clear neurocompressive pathology. Prior medications have included Vicodin, Flexeril, and Motrin. The most recent clinical report on 06/24/13 stated the patient has had an increasing amount of lower extremity pain. Physical examination demonstrated absent reflexes bilaterally at the patella and Achilles with hypoesthesia in a global fashion of the left lower extremity. The patient was recommended for further electrodiagnostic studies of the bilateral lower extremities and a trial of Neurontin at 300mg TID was recommended.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/2/13)
- Medical Records by [REDACTED], M.D. (dated 4/8/13 to 6/25/13)
- Medical Records by [REDACTED] (dated 2/27/13 to 3/11/13)
- Medical Record by [REDACTED] (dated 3/15/13)
- Imaging Reports by [REDACTED] (dated 4/24/13)
- Medical Records by [REDACTED] (dated 6/5/13 to 6/20/13)
- Medical Records by [REDACTED] (dated 4/8/13 to 6/26/13)
- Medical Records by [REDACTED] (dated 5/3/13 and 7/3/13)
- Medical Notes by [REDACTED] (dated 4/5/13 to 7/2/13)
- Emergency Department Physical Record (dated 4/4/13)
- Chronic Pain Medical Treatment Guidelines (2009), pages 16-22

1) Regarding the request for a trial of Neurontin (300 mg):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 16-22, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/16/2013. A medical report dated 4/8/2013 indicates the employee has experienced depression, anxiety, stress, and pain in the neck, low back, and right wrist. Medical reports also indicate current weakness, numbness and tingling in the right hand. Hypoesthesia in the right hand in the median nerve distribution was confirmed on examination. A request was submitted for a trial of Neurontin (300 mg).

The guideline indicates Neurontin is effective for treatment of diabetic painful neuropathy and has been considered as a first-line treatment for neuropathic pain. The employee's medical records received and reviewed show symptoms consistent with neuropathic pain. The request for a trial of Neurontin (300 mg) is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



