

Case Number:	CM13-0009006		
Date Assigned:	06/06/2014	Date of Injury:	03/03/1997
Decision Date:	07/31/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male who sustained an injury on 03/03/97 while moving rebar. The injured worker felt a snap in the low back followed by pain. Prior treatment has included physical therapy as well as lumbar surgical interventions to include decompression. The injured worker has been followed for chronic complaints of low back pain radiating to the left lower extremity. The clinical report on 04/29/13 noted continuing complaints of pain in the left lower extremity as well as intermittent symptoms in the right lower extremity. On physical examination, there was allodynia and decreased sensitivity in an L4-5 distribution in the left lower extremity. The injured worker was started on Neurontin 300mg, quantity 90 at this evaluation. The clinical report from 05/24/13 did note side effects to include drowsiness with the use of Neurontin. This was discussed with the injured worker and an alternate schedule was established taking 1 pill in the afternoon and 2 pills at night. As of 08/23/13, the injured worker did report benefits with the use of Neurontin although there was continuing sensitivity loss in an L4-5 distribution in the left lower extremity. The injured worker was able to work full duty without restrictions as of this visit. Neurontin 300mg, quantity 90 was continued at this visit. Through 05/30/14, the injured worker was noted to be able to work full duty without restrictions and continued to note decreased sensation in a left L4-5 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TWO MONTH SUPPLY PRESCRIPTION OF NEURONTIN 300MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: Neurontin is a recommended 1st line medication in the treatment of ongoing neuropathic pain. In review of the clinical reports, the injured worker was started on Neurontin 300mg in April of 2013. The injured worker initially reported side effects to include drowsiness with this prescription and an alternate schedule for Neurontin was developed which did appear to eliminate side effects. The injured worker was noted to continually be able to work without restrictions through May of 2014 with the continued use of Neurontin. There were continuing physical examination findings consistent with a persistent L4-5 radiculopathy in the left lower extremity. In regards to the request for a 2 month supply of Neurontin 300mg, the request is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.