

Case Number:	CM13-0024604		
Date Assigned:	11/20/2013	Date of Injury:	09/22/2003
Decision Date:	01/08/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; intermittent urine drug testing; transfer of care to and from various providers in various specialties; epidural steroid injection; unspecified amounts of chiropractic manipulative therapy; and imposition of permanent work restrictions. The applicant has, however, has returned to alternative work elsewhere. In a utilization review report of August 30, 2013, the claims administrator certified request for Norco, Norflex, and an H-wave unit while denying request for unspecified amounts of Neurontin. An earlier request for 60 capsules of Neurontin was certified. The applicant's attorney later appealed. A clinical note dated July 23, 2013 is notable for comments that the applicant is using Norco and Norflex. It is stated that these medications are improving performance of activities of daily living. The applicant has returned to some form of work. The applicant is asked to start Neurontin on a trial basis and then increase the dosage over time. TENS unit was also dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for Neurontin is three to eight weeks with titration and then one to two weeks at maximum tolerated dosage. In this case, the claims administrator has previously certified one month trial supply of gabapentin or Neurontin. The request for a prescription of Neurontin is not medically necessary and appropriate.