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| Case Number: | CM13-0034995 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/23/1997 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 61-year-old female who sustained a work related injury when she slipped on oil, falling backwards and injuring both her low back and neck on May 23, 1997 with a non-specified secondary injury on August 4th of the same year. Review of the primary treating physician progress report dated August 21, 2013 identifies that the patient complains of low back and neck pain with an altered feeling, sensation along the anterior thighs, knees and feet. Further documentation identifies the patient has undergone a L3-S1 spinal fusion with residual paresthesia, hyperthetia in the lower extremities. On physical examination, the cervical and lumbar paravertebral musculature spastic and tender with a decreased range of motion. A negative straight leg raise is noted. However, there is decreased sensation of the bilateral feet to light touch, pin prick and vibration with an altered sensation along the bilateral anterior thigh and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NEURONTIN 300MG #90 FOR THE LOW BACK AS AN OUTPATIENT.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENT Page(s): 18,60.

Decision rationale: 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. As Neurontin is listed as an alternative medication for use in chronic pain, it is found to be medically necessary in this case.