

Case Number:	CM13-0044999		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2004
Decision Date:	02/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal 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 patient is a 62-year-old male who reported a work related injury on 03/04/2004, specific mechanism of injury not stated. The patient presented for treatment of the following diagnosis: L5-S1 radiculopathy. The clinical note dated 09/30/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient reports back and left lower extremity pain daily at an 8/10 without medication, and decreases to a 3/10 with medication. The provider documented the patient utilizes Motrin, Neurontin, and Norco to decrease pain. The provider documented the patient presents with no aberrant behaviors noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Neurontin 300mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

Decision rationale: The clinical documentation submitted for review fails to evidence a thorough physical exam of the patient to support the requested Neurontin as part of the patient's medication regimen. The clinical notes do not indicate how long the patient has been utilizing

this medication or the clear efficacy of this intervention for the patient's pain, or complaints of neuropathy. The MTUS Chronic Pain Guidelines indicate Neurontin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. However, without documentation evidencing objective functional improvements as a result of the patient utilizing Neurontin 300 mg 3 times a day, the request for 1 prescription for Neurontin 300 #90 with 3 refills is not medically necessary and appropriate.