

Case Number:	CM13-0053365		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2006
Decision Date:	03/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 46-year-old male who reported injury on 02/27/2006. The mechanism of injury was noted to be the patient was pinned under a rack of a malfunctioning forklift. The patient was noted to have low back pain radiating to both lower extremities, aggravated by any type of bending, twisting, and turning. The patient's pain was an 8 on a 0 to 10 scale. The patient was noted to have multilevel disc disease and had undergone a lumbar provocative discogram on 02/03/2010, which revealed unequivocally positive at L4-5, greater than L3-4 and L5-S1. The patient's current medication regimen was noted to help alleviate the effects of chronic pain. It was indicated that the current medications enabled the patient to function on a daily basis and helped improve his quality of life. The patient's diagnoses were noted to include lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus at L4-5 and L5-S1 with central and foraminal stenosis, and left lower extremity radiculopathy. The request was made for Neurontin 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that Neurontin is an appropriate treatment for neuropathic pain. There should be documentation of objective functional improvement. The patient had neuropathic pain. There was lack of documentation indicating the patient had objective measurable functional improvement with the medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Neurontin 600 mg is not medically necessary.