

Case Number:	CM13-0054942		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2003
Decision Date:	04/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 63-year-old male truck driver by profession with a stated date of industrial injury of 10/6/03. The patient sustained injuries to his back, neck and right shoulder. He has undergone various modalities of treatment: Oral medications, injections, therapies and surgeries. The right leg pain was much worse than the left. He stated he continued to have problems sleeping as a result of pain and his inability to obtain medication. He also complained of neck pain. As per progress reports he still complains of pain in the back, right lower extremity pain, right shoulder pain and neck pain. His present pain level as per evaluation date 12/3/13 is 7/10. It has been the same in his last few office visits. On Examination he has power of 3/5 in both the lower extremities and 5/5 in the upper extremities bilateral. He also has some sensory loss in his left upper extremity. The patient has been diagnosed with: Post laminectomy syndrome, degenerative joint disease in his right shoulder, degenerative disc disease in his cervical spine, cardiac arrhythmias and hypertension. He was prescribed neurontin 600mg #60 on 11/07/13 which was not certified. The review is for the medical necessity of the above medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 600mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anticonvulsant, Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Anticonvulsant, Gabapentin.

Decision rationale: Regarding the request for Neurontin, the guidelines indicated that anti-epileptic drugs (AEDs) are a first line treatment for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. The documentation continues to state pain levels consistently and unchanged despite use of this medication previously. This does not demonstrate improved pain and function of at least 30% as minimally required by the guidelines. The guideline supports the use of gabapentin only if there is evidence of functional improvements being made and this is not the case in this patient. Therefore the request for 1 prescription of Neurontin 600mg #60 is not medically necessary.