

Case Number:	CM13-0062384		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2000
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 28, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and unspecified amounts of massage therapy over the life of the claim. In a Utilization Review Report of November 26, 2013, the claims administrator partially certified prescriptions for Neurontin to allow for a "total dose of up to 1500 mg per day," stating that the applicant had demonstrated improvement in terms of neuropathic symptoms as a result of prior usage of the same. Despite the fact that the claims administrator acknowledged that the medication was helping, a partial certification was issued. A clinical progress note of November 7, 2013 is notable for comments that the applicant is 71 years old, reports 4/10 left hand pain, exacerbated by physical labor activity. Surgical scars are apparently evident. The applicant is right-handed. The applicant is on Percocet and Gabapentin and has reportedly failed Advil and Aleve. The applicant has a BMI of 23. The applicant is reportedly a nonsmoker. Left upper extremity grip strength ranges from 3/5 to 5/5 while right upper extremity strength scored a 5/5. There is some evidence of diminished sensorium about the left upper extremity with flexion contractures and atrophy noted about the same. The applicant states that ongoing usage of Neurontin has been effective and has ameliorated his ability to sleep and perform household chores. The applicant states that he would not be able to work without Neurontin. The attending provider writes that he would like to titrate Neurontin upward owing to the applicant's favorable response to the same. A July 8, 2013 progress note is also notable for comments that the applicant states that ongoing usage of Neurontin, Percocet, Ambien is ameliorating the applicant's ability to manage breakthrough pain, sleep through the night, perform household chores, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 100MG #240: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin dosages "range from 900 mg to 3600 mg" in the treatment of diabetic neuropathy and a maximum total daily dosage of 1800 mg in those individuals with postherpetic neuralgia. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend periodic titration of Gabapentin or Neurontin. In this case, the attending provider has seemingly posited that previous usage of Neurontin has been beneficial in terms of ameliorating the applicant's ability to sleep, perform chores during the day, perform work during the day, etc. Titrating Gabapentin upward is indicated and appropriate, as suggested on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant appears to carry a diagnosis of chronic regional pain syndrome or causalgia of the left upper limb for which Gabapentin is indicated, again per page 19 of the MTUS Chronic Pain Medical Treatment Guidelines. For all the stated reasons, then, continuing Gabapentin at the elevated dose suggested by the attending provider is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified.

NEURONTIN 300MG #120 WITH 3 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted above, in response 1, Gabapentin or Neurontin is indicated in the treatment of chronic regional pain syndrome, the diagnosis reportedly present here. The applicant has reportedly responded favorably to the same in terms of parameters such as improved grip strength, improved ability to work during the day, improved sleep, etc. Continuing the same at the heightened dose proposed by the attending provider is indicated, appropriate, and in-line with the recommended daily dosage suggested on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified as written.