

Case Number:	CM14-0107166		
Date Assigned:	08/04/2014	Date of Injury:	08/31/1999
Decision Date:	10/01/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Practice 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 claimant is a 40-year-old who sustained a work injury in 8/30/13 involving the neck and low back. He was diagnosed with cervical/lumbar radiculopathy and cervical/lumbar facet syndrome. He had used oral analgesics and muscle relaxants for pain control. He had been on Neurontin since at least December 2013 for managing neuropathy symptoms. A progress note on 6/2/14 indicated the claimant had increasing neck and back pain aggravated by various positions. Exam findings were notable for limited painful range of motion of the cervical and lumbar spine. There was decreased sensation in the C8-T1 dermatomes and L4-L5 dermatomes. He was continued on Neurontin 600 mg - 4 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (gabapentin 600 mg) 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 17, 49.

Decision rationale: Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been 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. Gabapentin is recommended for a trial basis as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example). The other first-line options are a tri-cyclic antidepressant (if tolerated by the patient), or a SNRI antidepressant (such as duloxetine). In this case, the claimant had been on Gabapentin for months and had continued pain and sensory problems. Therefore, the request for Neurontin (gabapentin 600 mg) 120 count is not medically necessary or appropriate.