

Case Number:	CM14-0108054		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2010
Decision Date:	10/20/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 patient is a 47-year-old female who has submitted a claim for lumbar disc disorder with myelopathy associated with an industrial injury date of 04/24/2010. Medical records from 2014 were reviewed. Patient complained of cervical and lumbar pain radiating to bilateral upper and lower extremities, respectively. Pain was associated with numbness and paresthesia. Physical examination revealed tenderness and spasm over the cervical and lumbar spine. Loss of range of motion was also noted. Decreased sensation with pain is noted in C6,C7,L5 and S1 dermatomal distributions bilaterally but more so on the right side. Treatment to date has included oral medications. Utilization review, dated 06/27/2014, denied the request for Neurontin because there is no documentation of the patient having neuropathic pain. The patient is not an appropriate candidate for the requested prescription at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs (AEDs), Gabapentin Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone™, generic available) Gabapentin.

Decision rationale: According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, the documentation submitted did not include if Neurontin has been previously prescribed before this request. In the medical records submitted, patient complained of cervical and lumbar pain radiating to bilateral upper and lower extremities, respectively. Pain was associated with numbness and paresthesia. Physical examination revealed decreased sensation with pain noted in C6, C7, L5 and S1 dermatomal distributions. These findings are consistent with neuropathic pain. The medical necessity has been established. Therefore, the request Neurontin 300mg #90 with 2 refills is medically necessary.