

Case Number:	CM14-0010397		
Date Assigned:	02/21/2014	Date of Injury:	06/21/2002
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 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:

This injured worker's date of injury is 6/21/2002. The treating physician is treating this patient for chronic neck and low back pain. In the treating physician's report dated 12/09/'13 he states that the patient complains of neck and upper back pain. She has had "3 failed cervical surgeries." She continues to perform her home exercises. She is not working. On physical exam, neck muscle spasms can be felt the left side greater than the right. Decreased range of motion (ROM) "in all fields" is noted. The physician is requesting refills of Neurontin 600 mg, 1 by mouth every 8 hours, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GABAPENTIN (NEURONTIN), 49

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The patient is receiving treatment for chronic neck and back pain. The treating physician is requesting refills of Neurontin (gabapentin) 800 mg three times a day. This

medication is an AED, or anti-epileptic drug. AEDs are medically indicated for certain types of chronic pain: neuropathic pain from nerve damage, painful polyneuropathy, and postherpetic neuropathy. This patient has none of these types of pain; this patient has axial back and neck pain. There is insufficient evidence from clinical trials to recommend AEDs to treat this type of pain. Based on the documentation presented in this case, the request for Neurontin is not medically necessary.