

Case Number:	CM14-0014931		
Date Assigned:	02/28/2014	Date of Injury:	05/09/1996
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal Medicine/Pulmonary 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 injured worker is a 72-year-old female with a reported date of injury on May 9, 1996. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of constant pain in her back with numbness and burning in the right leg. The injured worker's lumbar range of motion demonstrated flexion to 30 degrees, extension to 5 degrees, and bilaterally rotation to 80 degrees. The injured worker's cervical range of motion demonstrated right rotation to 60 degrees, and flexion and extension to 20 degrees. The injured worker rated her back pain at 8/10. Neck, shoulder, wrist, and hand pain were rated 6/10. According to the clinical note dated January 9, 2014, the injured worker had a gym membership, which included water therapy. The injured worker's medication regimen included Norco, Flexeril, Xanax, Lyrica, and Neurontin. The Request for Authorization for Neurontin (gabapentin) 300 mg #60 for the management of symptoms, including neuropathic pain related to the lumbar spine injury was submitted on February 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN (GABAPENTIN) 300MG, #60 FOR THE MANAGEMENT OF SYMPTOMS RELATED TO LUMBAR SPINE INJURY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK DISORDERS, TABLE 2

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin 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. The Chronic Pain Medical Treatment Guidelines recommend a trial period of gabapentin at three to eight weeks for titration, then 1 to 2 weeks of maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. According to the clinical note dated August 28, 2013, the injured worker was first prescribed Neurontin on that date. The clinical note from August 2013 and January 2014 state that the injured worker had 50% functional improvement with the medication. There is a lack of clear objective clinical findings related to the increased functional improvement in conjunction with use of Neurontin. The request for Neurontin (Gabapentin) 300 mg, sixty count, for the management of symptoms related to lumbar spine surgery, is not medically necessary or appropriate.