MAXIMUS Federal Services

Case Number:	CM14-0152643		
Date Assigned:	09/22/2014	Date of Injury:	09/21/2012
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 53-year-old female with a reported date of injury on 09/21/2012. The mechanism of injury was not stated in the records. The diagnosis includes disc displacement, intervertebral disc site without myelopathy. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging studies presented for review. There was no relevant surgical history documented in the notes. The subjective complaints on 06/03/2014 included persistent pain to lumbar spine that radiates to the left lower extremity. The physical exam was not documented in the records. The medications included Flexeril, Ambien, gabapentin, Lidoderm patches, and Norco. The treatment plan was to refill and continue medications. A request was received for Neurontin 300 mg #90. The rationale for the request was not provided; however, it was noted in the clinical notes that the injured worker will require these medications for lifetime. The Request for Authorization form was dated 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Guidelines: Goodnabs and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition. McGraw Hill, 2010. Physician's Desk Reference, 68th ED. www.RxList.comOffiical Disability Guidelines: Workers

Compensation Drug Formulary.www.odg.twc.com/odgtwc/formulary.htm.drug.comEpocrates online

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

Decision rationale: The request for Neurontin 300mg #90 is not medically necessary. The California MTUS guidelines state Gabapentin is recommended for neuropathic pain after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The injured worker has chronic low back pain. There was a lack of sufficient evidence in the physical exam to clearly establish a diagnosis of neuropathy or radiculitis. Additionally the request as submitted did not provide a frequency. As there was not sufficient evidence in the physical examination to support neuropathy or radiculitis diagnoses the request is not supported by the guidelines. As such, the request is not medically necessary.