

Case Number:	CM14-0166043		
Date Assigned:	10/13/2014	Date of Injury:	03/12/2002
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; unspecified amounts of physical therapy over the course of the claim; adjuvant medications; various interventional spine procedures; and the apparent imposition of permanent work restrictions through a Medical-Legal Evaluation. In a utilization review report dated October 1, 2014, the claims administrator denied a request for Neurontin. The applicant's attorney subsequently appealed. In an October 14, 2014, progress note, the attending provider stated that he had previously advised the applicant to taper off of Neurontin. The attending provider then stated that the applicant's sciatic symptoms had recurred and/or worsened following cessation of Neurontin. The applicant was also employing Opana for pain relief. The applicant had issues with diabetes, it was further noted. The applicant was having difficulty performing home exercises owing to heightened pain complaints, it was further noted. The attending provider then stated that the applicant's pain levels were diminished by 30-40% with usage of Neurontin. The note was somewhat difficult to follow and seemingly mingled old complaints with current complaints. The attending provider suggested that the applicant resume Neurontin and taper upward.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19, 49.

Decision rationale: The request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, is medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, one recommendation for an adequate trial with gabapentin is three to eight weeks' titration, then one to two weeks at maximum tolerated dosage. In this case, the attending provider posited in an October 14, 2014, progress note that he had not yet titrated gabapentin (Neurontin) to optimum dosage and that he needed more time to determine what the optimal dosage of Neurontin was. Page 49 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that gabapentin is considered a first-line treatment for neuropathic pain. In this case, the applicant has ongoing neuropathic (radicular) complaints which could benefit from optimally dosed Neurontin. Therefore, the request is medically necessary.