

Case Number:	CM14-0179194		
Date Assigned:	11/03/2014	Date of Injury:	08/17/2009
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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, 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 (IW) is a 50-year-old man with a date of injury of August 17, 2009. The mechanism of injury is not documented in the medical record. Pursuant to the progress note dated September 9, 2014, there was mention of the IW having ongoing low back pain and doing well with medications. Lower extremity pain was quite bothersome and the IW wanted to increase Neurontin to 900mg TID. He states he was getting better pain control with that dosage. Objective findings revealed no significant change. Current medications include Oxycontin 5mg BID, Norco 10/325mg 2 tablets TID, Trazadone 50mg 1 to 2 HS, Gabapentin 600mg TID, Soma 350mg TID, and Benadryl 25mg HS. The IW was diagnosed with chronic low back pain, history of fusion at L5-S1 in October of 2011; s/p spinal cord stimulation implant, December of 2013. The provider recommendations include renewal of medications including Gabapentin 900mg TID #180, and Gabapentin 100mg TID #180 so the IW can take a total of Gabapentin 900mg TID. The combined prescriptions for Gabapentin to not add up to 900mg as documented by the treating physician. The intended dosing of Gabapentin is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 mg, 3 times a day #180 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 100 mg three times a day #180 for the lumbar spine is not medically necessary. Neurontin is recommended for some neuropathic pain conditions. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. It is an antiepileptic drug. In this case, the injured worker was taking multiple medications. The diagnoses noted in the medical record do not include radiculopathy or any neuropathic diagnosis. The diagnoses include chronic low back pain, history of lumbar fusion, and status post spinal cord stimulator implant, December 2013. In the progress note dated September 9, 2014, the treating physician stated he was going to renew gabapentin 900 mg po TID #180 and gabapentin 100 mg tid #180 for a total of gabapentin 900 mg PO TID. The doses indicated in the medical record (supra) do not add up to 900 mg. The total gabapentin dosing is unclear. Consequently, Neurontin 100 mg PO TID #180 is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Neurontin 100 mg PO TID #180 is not medically necessary.