

Case Number:	CM14-0022732		
Date Assigned:	06/11/2014	Date of Injury:	09/08/2010
Decision Date:	07/21/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 09/10/2010 after being run over by a tractor trailer while picking grapes. The injured worker ultimately developed chronic pain that was managed with multiple medications to include Ultram and Neurontin. The injured worker was evaluated on 01/23/2014. It was documented that the injured worker had limited range of motion secondary to pain of the lumbar spine with decreased deep tendon reflexes of the bilateral lower extremities. The injured worker's diagnoses included radiculopathy, pain in lower leg joint, and degenerative disc disorder of the lumbar spine. It was noted that the injured worker was taking Ultram for instances of severe pain. It was noted that the injured worker was taking Neurontin twice a day; however, did not see a significant difference in nerve pain. A request was made for a refill of medications to include Neurontin and Ultram was submitted on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NEURONTIN 300MG, #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Convulsants Page(s): 60,16.

Decision rationale: The requested Neurontin 300 mg #90 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend anticonvulsants as a first-line medication in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 07/2012. The California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by evidence of pain relief and documentation of functional benefit. The clinical documentation submitted for review fails to identify specific functional benefit related to this medication usage. Additionally, there is not a quantitative assessment of pain relief to support continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested prescription of Neurontin 300 mg #90 with 2 refills is not medically necessary or appropriate.