

Case Number:	CM14-0042163		
Date Assigned:	06/30/2014	Date of Injury:	07/31/1981
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 73-year-old female who reported an injury on 07/31/1981. The diagnoses were neck strain and low back strain. The injured worker was noted to undergo a laminectomy at the levels of L3-4 in 1985. The documentation of 03/11/2014 revealed the injured worker had chronic pain. The objective findings revealed cervical and lumbar spine spasms and stiff rotation. The injured worker had a positive straight leg raise. The treatment plan included a refill of Celebrex 200 mg 1 daily, omeprazole 20 mg 1 daily, and Neurontin 300 mg 1 to 2 per day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The

clinical documentation submitted for review failed to indicate the duration of use for the requested medication. Additionally, there was a lack of documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 300 mg #60 is not medically necessary.