

Case Number:	CM14-0046094		
Date Assigned:	07/02/2014	Date of Injury:	05/17/2002
Decision Date:	08/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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:

70 yr. old female claimant sustained a work injury on 5/17/2002 involving the back. She was diagnosed with degenerative spondylosis of the thoraco-lumbar spine and chronic myofascial pain. A progress note on 2/28/2014 indicates she had spasms in the neck that were not well controlled. Her pain level was 7/10. She had been treated with Vicodin and Neurontin for several months. The treating physician continued 90-day supply of Neurontin and Vicodin. A progress note on May 23, 2014 indicated continues 7/10 pain while on Vicodin and Neurontin. Exam details were not provided on previous visits. Neurontin and Vicodin were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #360: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been

considered as a first-line treatment for neuropathic pain. The claimant had no improvement in pain scores or functionality over several months use of Neurontin. Neurontin is indicated for a diabetic neuropathy and postherpetic neuralgia. The claimant did not have those diagnoses. The use of Neurontin as above is not medically necessary.