

Case Number:	CM14-0053075		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2011
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain 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 is a 49-year-old female who sustained an industrial injury on November 15, 2011. The patient has low back pain and lumbar radicular symptoms which include pain in the bilateral buttocks and bilateral posterior thigh pain. Physical examination on March 10, 2014 documented weakness in the left extensor hallucis longus, and positive straight leg raise on the left. The disputed issue is a request for Neurontin 600 mg, quantity 120. This request was noncertified in a utilization review determination on March 26, 2014. The rationale for this non-certification was that there was no documentation of an object of neuropathic pain condition occurring involving in a diabetic neuropathy or postherpetic neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #120 dispensed on 03/10/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Section Page(s): 16-18.

Decision rationale: In the case of this injured worker, there is documentation of lumbar radiculopathy. MRI had revealed multilevel disc protrusions and imaging had suggested that the

L5 and S1 nerve roots were affected. Although randomized controlled trials for FDA approval of Neurontin involved the indications of postherpetic neuralgia and diabetic neuropathy, it's off label use can be generalized to other neuropathic pain states. This is supported by the Chronic Pain Medical Treatment Guidelines. In a patient with lumbar radiculopathy, Neurontin is appropriate and therefore, the request for Neurontin 600mg #120 dispensed on 03/10/14 is medically necessary.