

Case Number:	CM14-0054348		
Date Assigned:	07/14/2014	Date of Injury:	02/21/2002
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology 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 62 year old male injured on 02/21/02 due to undisclosed mechanism of injury. Diagnoses included internal derangement of bilateral knees status post surgical intervention with meniscus tear, discogenic lumbar condition with scoliosis along the thoracolumbar spine and radiculopathy, element of depression and sleep disorder, chest pain and heart ischemia, plantar fasciitis on the left, right wrist sprain. Clinical note dated 03/12/14 indicated the injured worker presented complaining of increased low back and bilateral knee pain. The injured worker reported pain radiated down to the hamstring and into the calf with associated numbness to the toes. The injured worker reported increased pain along bilateral shoulders. The injured worker no longer performing chores and refused any lifting at home. Physical examination revealed tenderness along the lumbar spine, ability to walk on heels and toes with difficulty resulting in cramping of the calf on the right side, straight leg raise positive on the right with buttock pain. Treatment plan included Neurontin 600mg #180 and additional nerve studies of the lower extremities. The initial request for retrospective request Neurontin (gabapentin) 600mg #180 was non-certified on 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request Neurontin (Gabapentin) 600MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Based on review of the records provided, the Retrospective Request Neurontin (Gabapentin) 600MG #180 is not supported as medically necessary. Additionally, the request failed to provide the frequency and number of refills to be provided. As such the Retrospective Request Neurontin (Gabapentin) 600MG #180 cannot be recommended as medically necessary.

Neurontin (Gabapentin) 600MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Based on review of the records provided, the request for Neurontin (Gabapentin) 600MG #180 is not supported as medically necessary. Additionally, the request failed to provide the frequency and number of refills to be provided. As such the request for Neurontin (Gabapentin) 600MG #180 cannot be recommended as medically necessary.