

Case Number:	CM14-0061990		
Date Assigned:	07/11/2014	Date of Injury:	01/20/1990
Decision Date:	12/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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:

According to the records made available for review, this is a 59-year-old male with a 1/20/90 date of injury. At the time (3/10/14) of the request for authorization for Neurontin 300mg 1 tablet po q AM and 2 tabs po qhs, there is documentation of subjective (low back pain that radiates down the medial aspect of both lower extremities from the low back to the mid calf region, pain along the anterior portion of the right leg extending from the knee to the ankle) and objective (tenderness to midline of the lower lumbar spine, decreased range of motion, 4/5 strength lower extremities bilaterally, increased sensation to light touch along the left calf) findings, current diagnoses (degenerative disc disease, lumbar), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg 1 Tablet po q AM and 2 tabs po qhs: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of

Neurontin (gabapentin). Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease, lumbar. In addition, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the retrospective request for Gabapentin #90, DOS 8/27/14 is medically necessary.