MAXIMUS Federal Services

Case Number:	CM14-0074122		
Date Assigned:	07/16/2014	Date of Injury:	03/07/2010
Decision Date:	08/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old male who was reportedly injured on March 7, 2010. The mechanism of injury was noted as a chair breaking, resulting in a fall. The most recent progress note dated June 19, 2014, indicated that there were ongoing complaints of low back pain, neck pain and shoulder pain. The physical examination demonstrated an altered gait pattern, requiring the use of a cane. A decreased range of motion of lumbar spine with positive straight leg rising was noted. There was a loss of sensation of both lower extremities, and deep tendon reflexes were noted to be 0+. Motor weakness was also reported as well as quadriceps atrophy. The focus was only on lumbar spine and lower body. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, electrodiagnostic testing and assistance with ambulation devices. A request was made for Neurontin and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,16-19,74,78-97,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings on physical examination and by the lack of objectification of any significant improvement with this medication, the records do not support the medical necessity of continued use. As outlined in the treatment guidelines, medications are to be effective for the treatment of painful neuropathy or post-herpetic neuralgia. An off label use for neuropathic lesions has also been described. However, as outlined in the California Medical Treatment Utilization Schedule, after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptic drugs depends on improved outcomes. No such objective occasion was present. Therefore, the medical necessity has not been established.