

Case Number:	CM14-0089352		
Date Assigned:	09/10/2014	Date of Injury:	08/15/2001
Decision Date:	10/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Colorado. 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 51 year old male who sustained a work injury while working as a roofer on 8/15/2001. The most current treating physician medical record of 4/21/14 reports complaints of low back and bilateral lower extremity pain with some improvement since the previous visit. The injured worker reports improvement with medications. The injured worker's pain was an 8/10 and is now down to a 5/10. He reports continued problems with depression, anxiety and insomnia. He has a history of hypertension and diabetes. His current medications include Norco 10/325, Neurontin 600mg 2 tabs 3 times per day, Ambien controlled release, Nuvigil 250 mg, Xanax 0.50 mg, Viibryd 40mg, and Elavil 25mg. He is reported to be functional and consistent with his urine drug screening test results. The diagnosis is for lumbar discogenic pain. A discogram was positive for L3, L4, L5, and S1.

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 Gabapentin (Neurontin), Page(s): 52.

Decision rationale: There is a lack of documentation of the specific diagnosis for which this medication is being prescribed. There is also a lack of documentation as to the efficacy, functional improvement, and monitoring of any adverse medication effects with the use of this medication as required by the medical treatment guidelines. The medical notes reflect that this is a 13 year old injury and treatment is for discogenic pain with complaints of back and extremity pain. The injured worker is on 7 different medications and there is no clear indication of functional improvement with use of this medication. The records reflect he is less physically active. There is no indication of neuropathic pain noted in the medical records. The medical treatment guidelines support the use of this medication for neuropathic pain conditions. Continued use of this medication should be based on documented efficacy of pain relief with functional improvement. Ongoing use should be monitored for adverse medication effects and with laboratory screening. The request is not medically necessary per MTUS guidelines.