MAXIMUS Federal Services

Case Number:	CM14-0190985		
Date Assigned:	11/24/2014	Date of Injury:	03/07/2010
Decision Date:	03/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 66 year old male, who sustained an industrial injury on 3/07/2010. The mechanism of injury was not noted. The diagnoses have included lumbago with bilateral radiculopathy and neuropathic pain, cervical and thoracic disc disease, sacroiliac joint and facet joint arthropathy, and myofascial syndrome involving the whole spine. Treatment to date has included conservative measures. Currently, the injured worker complains of widespread pain in the cervical, thoracic, and lumbar spine. VAS score was 5-6/10. Physical exam noted sciatic notch tenderness bilaterally and positive straight leg raise test bilaterally. Significant focal tenderness over the facets bilaterally was documented. Bilateral sacroiliac joint tenderness was noted. Significant muscle spasms were noted throughout the back. Decreased range of motion was documented to the lumbar spine. His functional status was documented as stable. Current oral medications included Oxycodone 30mg (max 10/day), Neurontin 800mg (3-4x day). On 11/07/2014, Utilization Review modified a prescription for Gabapentin 800mg #180 to Gabapentin 800mg #150, noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Tablets, 800 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids;Anti-epilepsy Drugs, Topical Analgesics Page(s): 74-88,16-.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Package Insert

Decision rationale: For this patient, Neurontin is being used to treat neuralgia, not a seizure disorder. The FDA package insert notes that for neuralgia doses above 1800 mg daily do not provide any additional efficacy. The request was for 800 mg tablets - 3 to 4 a day which exceeds 1800 mg a day. The request was modified for a slow weaning process since acute withdrawal and significantly rapid lowering of the dose can lead to seizures. This was appropriate. Neurontin at 2400 mg to 3200 mg a day is not medically necessary.