MAXIMUS Federal Services

Case Number:	CM15-0103527		
Date Assigned:	06/08/2015	Date of Injury:	01/03/2013
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 46 year old male, who sustained an industrial injury on January 3, 2013. He reported a blunt injury to his cervical spine. Treatment to date has included cervical fusion, TENS unit, neck collar, MRI of the cervical spine and medications. Currently, the injured worker complains of allodynia on the left side of the foot to the left flank. He reports that the pain is constant, sharp and burning in nature. He rates the pain an 8 on a 10 point scale without medications and a 5 on a 10 point scale with medications. He has a frequent clonus of the right lower extremity. The diagnoses associated with the request include cervical regional spinal cord injury, neuropathy of the lower extremity and degeneration of cervical intervertebral disc. The treatment plan includes Hyslinga, Colace, Senokot, baclofen, Flomax, naproxen, Percocet, gabapentin, Elavil and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 13, 16-19, 63-65, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Patient has neurological deficits and significant impairment and pain. Pt has been on this medication chronically and there is no documentation of actual benefit. There is no documentation of any objective improvement and patient has similar exam since start of medications in late 2014 and most recent exam. Pain is unchanged and continued use of opioids has not decreased. Due to lack of documentation of objective improvement, Neurontin prescription is not medically necessary.