

Case Number:	CM15-0133404		
Date Assigned:	07/21/2015	Date of Injury:	09/11/1996
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old female, who sustained an industrial injury on September 11, 1996, incurring low back, left elbow, left knee and right hip injuries after a slip and fall. A few years later, the injured worker fell again and suffered a head injury with brain damage and lack of concentration. She was diagnosed with a lumbar sprain and lumbar degenerative disc disease. Treatment included pain medications, muscle relaxants, physical therapy, transcutaneous electrical stimulation unit, nerve root blocks, massage, exercise, injections and work restriction. Magnetic Resonance Imaging of the lumbar spine in December 1996, revealed spinal stenosis, lumbar disc protrusion. Currently, the injured worker complained of persistent lower back pain with numbness and tingling radiating into the lower extremities. The treatment plan that was requested for authorization included a prescription for Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin); Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1996 and continues to be treated for radiating low back pain. When seen, pain was rated at 7/10. There was an antalgic gait. There was decreased and painful lumbar spine range of motion. Neurontin was refilled at a daily dose of 800 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.