MAXIMUS Federal Services

Case Number:	CM15-0137262		
Date Assigned:	07/27/2015	Date of Injury:	01/29/2011
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 01/29/2011. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy; tenosynovitis foot/ankle; chondromalacia patellae; and rotator cuff disorder. Treatment to date has included medications, diagnostics, aquatic therapy, physical therapy, and home exercise program. Medications have included Ultracet, Naprosyn, and Neurontin. A progress note from the treating physician, dated 06/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports he is going to the gym daily for pool exercises; he feels decreased pain in the neck and back, he is better able to relax, and has decreased the amount of medicine he needs for pain when he goes to the pool; he is taking pain medicine at night roughly 5 days a week; Gabapentin is helping sleep, but he still wakes up roughly 2 to 3 times with pain; he does have a headache, but it's the familiar headache in the back of his head associated with his neck pain like he slept wrong; he continues to wear the sacroiliac belt much of the day; he is walking daily for 15-20 minutes and usually has pain by the end of his walk in the sacroiliac area; and he does shoulder range of motion exercise three times a week. Objective findings included a slowed gait; left-sided antalgic gait; he is slumped when he sits; and his mobility is slow. The treatment plan has included the request for Neurontin 100mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

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

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, there is not clear objective evidence of value in use of this medication. A provided note indicates the drug is being used to alleviate pain at night causing sleep disturbance, but it does not appear that efficacy has been established, and the use of an anti-epileptic in sleep disturbance is a questionable treatment modality (although in this case it is predominantly attributed to pain). Therefore, without clear evidence for efficacy and uncertainty as to the added clinical value of the drug, the request for Neurontin is not medically necessary based on the provided records.