MAXIMUS Federal Services

Case Number:	CM15-0145171		
Date Assigned:	08/06/2015	Date of Injury:	08/09/2008
Decision Date:	09/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation

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 58 year old female injured worker suffered an industrial injury on 8-9-2008. The diagnoses included lumbar spondylosis, chronic low back pain, lumbar radiculitis and myofascial pain and strain. The treatment included acupuncture, medications and epidural steroid injections. The diagnostics included lumbar x-rays. On 6-24-2015, the treating provider reported low back pain and leg pain that was severe without pain relievers rated 7 to 8 out of 10. She reported Neurontin helped. There was pain going down to the right lateral foot. It was not clear if the injured worker had returned to work. The progress note indicated the request was for #60 capsules. The requested treatments included Neurontin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg (unspecified amount) (3 times a day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SEPCIFIC ANTI-EPILEPSY DURGS Page(s): 18-19.

Decision rationale: The current request is for Neurontin 300mg (unspecified amount) (3 times a day). The RFA is dated 06/24/15. The treatment included acupuncture, medications and epidural steroid injections. The diagnostics included lumbar x-rays. The patient work status is not addressed. MTUS, under SEPCIFIC ANTI-EPILEPSY DURGS page 18-19 states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per report 06/24/15, the patient presents with chronic low back and leg pain. The pain radiates into the bilateral buttocks, tailbone and down to the right leg. He also reports numbness and tingling over the right leg and later foot. The treater is requesting a refill of Neurontin, which she has been using since at least 05/26/15. The patient states without this medication "pain level is severe" and she needs them for chronic pain control. The patient also reports an increase in function and states she can better tolerate ADL's with the use of Neurontin. In this case, given the patient's symptoms and the treater's documentation of medication efficacy in terms of pain and function, the requested refill IS medically necessary.