

Case Number:	CM15-0181774		
Date Assigned:	09/23/2015	Date of Injury:	05/27/2014
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 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:

In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for Neurontin. The claims administrator referenced an August 31, 2015 RFA form and an associated progress note of August 21, 2015 in its determination. The applicant's attorney subsequently appealed. On July 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The attending provider contended that the applicant's scores reduced from 10/10 without medications to 1/10 with medications. The applicant was status post an earlier epidural steroid injection. The applicant's medications included Norco, Relafen, and Zanaflex, it was reported. Additionally, the applicant was using a TENS unit. The applicant was given a 45-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. On June 27, 2015, the attending provider stated that the applicant had returned to work. The applicant was on Norco, Relafen, and Zanaflex, it was reported on this date. On March 6, 2015, the applicant did receive a lumbar epidural steroid injection. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. It appeared that the most recent note on file was in fact dated July 24, 2015; thus, the August 21, 2015 office visit on which Neurontin (gabapentin) was seemingly prescribed was not incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Neurontin 300 mg at bedtime #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, a physician should be "knowledgeable regarding prescribing information" and should adjust the dosing to the specific applicant. An attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates. Here, however, multiple progress notes, referenced above, made no mention of the applicant's using Neurontin (gabapentin). It was not clearly stated when (or if) Neurontin had been introduced. While it is acknowledged that the August 21, 2015 office visit, which the claims administrator seemingly based its decision upon, was not incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.