

Case Number:	CM15-0188027		
Date Assigned:	09/29/2015	Date of Injury:	07/16/2013
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 64 year old male with an industrial injury dated 07-16-2013. Medical record review indicates he is being treated for post-traumatic stress disorder in partial remission, major depressive disorder, recurrent episode - partial remission and alcohol use disorder - in sustained remission. Subjective complaints (09-10-2015) included "situational, workmen comp related and physical health related anxiety." "He admits to fair appetite and fluctuating energy level in connection with pain level." The treating physician indicated the injured worker reported less pain after change in his medications by pain management. In the 07-14-2015 treatment, his status is documented as permanent and stationary. His medications included Albuterol Doxazosin, Flexeril, "rare Hydrocodone", Loratadine, Fluticasone, Dulera, and Super B complex, D 3, Gabapentin and Nortriptyline. Medical record review of prior records does not indicate the starting date or how long the injured worker has been on Gabapentin. Gabapentin is first mentioned in the 09-10-2015 note. Prior treatments are documented as Seroquel for insomnia and nightmares, AA (alcoholic anonymous) and psychotherapy. Objective findings (09-10-2015) included the injured worker was cooperative and calm. His thought content is documented as "no delusions, no paranoid ideation, rare intrusive thoughts of traumatic events, no suicidal ideation, no homicidal ideation and no self-injurious thoughts. Attention and concentration are documented as "improved, follows the line of the interview without major difficulties." The requested treatment for Neurontin 300 mg #90, per 08/19/15 order was denied by utilization review on 09-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90, per 08/19/15 order: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration is unknown. The Gabapentin is not medically necessary.