

Case Number:	CM15-0188567		
Date Assigned:	09/30/2015	Date of Injury:	11/17/2000
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
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: 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:

The applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2000. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for Neurontin. The claims administrator referenced a progress note dated September 4, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 4, 2015 office visit, the applicant reported ongoing complaints of low back pain 6 months removed from earlier failed lumbar spine surgery. The applicant had issues with depression superimposed on chronic pain, it was stated in the past medical history section of the note. The applicant was described as having returned back to her usual and customary activities, including dancing, it was stated in some sections of the note. The applicant was described as doing "reasonably well", with ongoing medication consumption. The attending provider stated that the applicant was using Norco anywhere between 1 and 3 times a day. The applicant's complete medications included Synthroid, Norco, Neurontin, metformin, Lidoderm, Levoxyl, Exalgo, Dilaudid, Crestor, Celebrex, and Altace, it was reported. The applicant was no longer working and had "retired", it was stated in another section of the note. The note did mingle historical issues with current issues but did suggest that the applicant had residual back and leg pain complaints. On July 22, 2015, it was again stated that the applicant was improved some 6 months removed from earlier lumbar decompression/fusion surgery. The applicant did have some residual lower extremity radicular pain complaints, it was suggested. The applicant's medications included both Norco and Neurontin, it was acknowledged. No explicit discussion of medication efficacy transpired insofar as Neurontin was concerned. On August 24, 2015, the applicant's pain

management physician reported that the applicant had not used a recent prescription for Norco. The treating provider stated that he would ask the applicant to continue to use Celebrex, Lidoderm patches, and Voltaren gel. The attending provider then stated in another section of the note that the applicant had done "very well being off the medications". Once again, no explicit discussion of medication efficacy transpired insofar as Neurontin was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin Tab 600mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of ongoing gabapentin (Neurontin) usage. Here, however, multiple office visits, referenced above, did not contain any explicit (implicit) discussion of medication efficacy insofar as gabapentin (Neurontin) was concerned, including office visits of August 25, 2015, July 22, 2015, and September 4, 2015. Those office visits did not explicitly state how (or if) ongoing usage of Neurontin (gabapentin) was or was not proving beneficial. An August 24, 2015 pain management note, moreover, seemingly suggested that the applicant had recently ceased all medications, including the Neurontin at issue, as of that point in time. The information on file, in short, did not make a compelling case for continuation of gabapentin (Neurontin). Therefore, the request was not medically necessary.