

Case Number:	CM15-0204286		
Date Assigned:	10/21/2015	Date of Injury:	05/14/2009
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 14, 2009. In a utilization review report dated September 29, 2015, the claims administrator failed to approve a request for Neurontin and Relafen. An August 31, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 31, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was on Neurontin, Lidoderm, Relafen, diltiazem, TENS unit, and Prilosec, it was reported. 8/10 pain without medications versus 5/10 with medications was reported. The applicant was given a rather proscriptive 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On May 5, 2015, the attending provider contended that the applicant was working full time as a result of ongoing medication consumption. The attending provider contended that the combination of Neurontin and Relafen was diminishing the applicant's pain scores as much as 50%. Both of the same were refilled. The applicant was asked to continue performing home exercises. The same, unchanged 20-pound lifting limitation was again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #270: Overturned

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

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

Decision rationale: Yes, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there are improvements in pain and/or function achieved as a result of the same. Here, the applicant had returned to and/or maintained full-time work status, the treating provider reported on May 5, 2015. Ongoing use of Neurontin and Relafen was, in combination, attenuating the applicant's pain complaints up to 50%. The applicant was performing home exercises, the treating provider reported on that date. Continuing the same, on balance, was indicated, given the applicant's favorable response to Neurontin (gabapentin). Therefore, the request was medically necessary.

Relafen 750mg #180: Overturned

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-inflammatory medications.

Decision rationale: Similarly, the request for Relafen, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. As with the preceding request, the applicant demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20(e) with ongoing Relafen usage as evinced by the applicant's successful return to and/or maintenance of full-time work status with the same. The applicant also reported a 50% reduction in pain scores achieved as a result of ongoing Relafen usage. The attending provider contended that the combination of medications was facilitating the applicant's ability to perform home exercises, it was further noted on May 5, 2015. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.