

Case Number:	CM15-0206132		
Date Assigned:	10/22/2015	Date of Injury:	03/29/2010
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old female, who sustained an industrial injury on 03-29-210. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbosacral spondylosis, lumbar strain or sprain, and sciatica. Medical records (04-17-2015 to 09-29-2015) indicate ongoing low back pain. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) which is reduced to 5 out of 10 with medications. The pain was noted to be further reduced to 2 out of 10 after undergoing a lumbar epidural steroid injection on 09-10-2015. Records also indicate improvement with aquatic therapy. The IW's work status was not specified on the latest PR. The physical exam, dated 09-29-2015, was incomplete and showed no objective findings. Relevant treatments have included: aquatic therapy, physical therapy (PT), lumbar epidural steroid injection, work restrictions, and pain medications. Current pain medications include Cymbalta, Neurontin, ibuprofen and Flexeril. The request for authorization was not available for review; however, the utilization review letter stated that the following medication was requested on 10-05-2015: Neurontin 600mg #60 with 2 refills. The original utilization review (10-12-2015) partially approved the request for Neurontin 600mg #60 with 2 refills which was modified to #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Neurontin 600mg with 2 refills: Upheld

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: This 52 year old female has complained of low back pain since date of injury 3/29/2010. She has been treated with epidural steroid injection, physical therapy and medications to include Neurontin since at least 04/2015. The current request is for Neurontin (Gabapentin). Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is inadequate documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the available medical records and per the MTUS guidelines cited above, Gabapentin is not indicated as medically necessary.