

Case Number:	CM15-0209700		
Date Assigned:	10/28/2015	Date of Injury:	08/09/2010
Decision Date:	12/16/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 October 12, 2015, the claims administrator failed to approve a request for Neurontin. A September 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On May 4, 2015, it was acknowledged that the applicant was not, in fact, working. 8/10 low back pain complaints were noted with ancillary complaints of mood disturbance. The applicant's medication list included Dexilant, Lyrica, Cymbalta, Neurontin, Oxycodone, Soma, Ambien, Seroquel, OxyContin, Flector patches, Lidoderm patches, and Plavix, the treating provider reported. Permanent work restrictions, OxyContin, Neurontin, Cymbalta, Oxycodone, and Ambien were renewed. It was acknowledged that the applicant was not working with said permanent limitations in place. The applicant was apparently in the process of pursuing a wheelchair, the treating provider reported. The attending provider stated the applicant's pain complaints were 10/10 without medications versus 8/10 with medications, it was acknowledged in another section of the note. On September 14, 2015, the applicant stated his pain complaints were 10/10 without medications versus 7/10 with medications. Once again, the applicant was described as using Dexilant, Lyrica, Cymbalta, Neurontin, Oxycodone, Soma, Ambien, Seroquel, OxyContin, Flector patches, Lidoderm patches, Medrol Dosepak, and Plavix, several of which were renewed and/or continued. The applicant's back and pain complaints were described as worsening over time. A new wheelchair was endorsed. The applicant was not working with permanent limitations in place, the treating provider noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-epilepsy 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 on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on August 17, 2015. While the treating provider did recount a low-grade reduction in pain scores from 10/10 without medications to 7/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's decision to renew permanent work restrictions, unchanged, from visit to visit, and the failure of Neurontin to curtail the applicant's dependence on opioid agents such as OxyContin and Oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request was not medically necessary.