

Case Number:	CM15-0028265		
Date Assigned:	02/20/2015	Date of Injury:	01/03/2002
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 69 year old female who sustained an industrial injury on 01/03/02. She reports low back, hip, and knee pain. Diagnoses include low back pain, arthritis of the back lumbar degenerative disc disease, myofascial pain, sciatica, knee and hip osteoarthritis, and history of multiple joint replacements. Treatments to date include bilateral hip surgery, left total knee replacement, total of 3 knee surgeries and left elbow surgery, as well as medications. In a progress note dated 12/17/14 the treating provider recommends continued treatment with Norco, Neurontin, Voltaren gel, Tramadol ER and Flexeril. There is subjective report of 80% decrease in pain and functional restoration with the use of the medications. The UDS was reported as consistent. On 01/14/15 Utilization review non-certified the Neurontin, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tablets of Neurontin 600 mg with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain. Anticonvulsants are also effective for the treatment of lumbar radiculopathy and chronic pain syndrome with co-existing psychosomatic symptoms. The records indicate that the patient is utilizing gabapentin for the treatment of chronic musculoskeletal pain. There is documentation of compliance, functional restoration and absence of adverse effects with utilization of the medications. The criteria for the use of Neurontin 600mg with 3 refills was met.