MAXIMUS Federal Services

Case Number:	CM15-0028716		
Date Assigned:	02/20/2015	Date of Injury:	12/17/2009
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old male, who sustained an industrial injury on 12/17/09. The Visit Note on 2/16/15 noted that the injured workers Visual Analog Scale for Pain was 2/10. The documentation noted that his current medications was cymbalta; naprosyn; methocarbamol, lidoderm patch and neurontin. There was spinous process tenderness on palpation of the lumbar spine, decreased flexion (60 degrees) noted of the lumbar spine and there was no evidence of a wide-bases, antalgic, or limping gait. The diagnoses have included facet syndrome; lumbosacral spondylosis without myelopathy; degeneration of intervertebral and lumbago. Work status is modified duty with no lifting greater than 15 pounds, is not to push or pull greater than 15 pounds, no bending, squatting or stooping and advices to frequent change of position.According to the utilization review performed on 2/2/15, the requested Neurontin 300mg #180 with 5 refills has been non-certify. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, antiepilepsy drugs were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically and there is no documentation of actual functional benefit. There is no documentation of any objective improvement as defined by MTUS guidelines. There is only vague subjectively statements concerning improvement. The number of refills prescribed is excessive and would basically give the patient 10month supply which is not appropriate as per MTUS guidelines recommending monitoring. Due to lack of documentation of objective improvement, not meeting any indication for use and excessive refills, Neurontin prescription is not medically necessary.