

Case Number:	CM15-0041734		
Date Assigned:	03/11/2015	Date of Injury:	10/31/2005
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65-year-old woman sustained an industrial injury on 10/31/2005. The mechanism of injury was not detailed. Current diagnoses include lumbar stenosis status post fusion and diabetes with probable diabetic neuropathy. Treatment has included oral medications and surgical intervention. Physician notes dated 1/23/2015 show complaints of low back pain. Recommendations include continue medication regimen, add Neurontin, continue home exercise program, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Neurontin 100mg, #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 49. Decision based on Non-MTUS Citation Neurontin, FDA approved package insert.

Decision rationale: The patient is a 65-year-old female with an injury on 10/31/2005. She had a lumbar fusion and has diabetes. Her provider noted that she probably has diabetic neuropathy and Neurontin was requested. MTUS, Chronic Pain guidelines note that Neurontin has been shown to be effective treatment for diabetic neuropathy. It is FDA approved for the treatment of diabetic neuropathy and is medically necessary for this patient.