

Case Number:	CM15-0082042		
Date Assigned:	05/04/2015	Date of Injury:	03/16/2000
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/29/2015

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:

The applicant is a represented 79-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 16, 2000. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve two separate requests for Neurontin (gabapentin). The claims administrator referenced a historical Utilization Review report and a progress note of December 11, 2014 in its determination. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant reported unchanged low back pain and left shoulder pain complaints. Intermittent sciatic symptoms were noted. Intermittent lower extremity radicular pain complaints were noted. The applicant was status post earlier left shoulder arthroscopy. The applicant was using Neurontin. It was stated that the applicant denied any side effects with Neurontin. The applicant stated that her back pain complaints were reduced by 30% to 40% with Neurontin. The applicant was diabetic. The applicant's complete medications included Tenormin, glipizide, losartan, hydrochlorothiazide, Zocor, metformin, aspirin, and Fosamax, it was reported. Some hyposensorium was noted about the left leg on exam. Permanent work restrictions were endorsed. The attending provider seemingly suggested at the bottom of the report that the applicant's medication regimen had been ameliorated with ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 18.

Decision rationale: Yes, the request for Neurontin (gabapentin) was medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked at each visit as to whether there have been improvements in pain and/or function effected as a result of the same. Here, the attending provider's December 11, 2014 progress note did seemingly suggest that the applicant's ability to perform home exercises had been ameliorated as a result of ongoing Neurontin (gabapentin) usage. The attending provider also reported a 30% to 40% reduction in pain complaints with ongoing Neurontin (gabapentin) usage. Continuing the same, on balance, was indicated, given the applicant's reportedly favorably response to the same. Therefore, the request was medically necessary.

Neurontin 600mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 18.

Decision rationale: Yes, the request for Neurontin (gabapentin) was medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked at each visit as to whether there have been improvements in pain and/or function effected as a result of the same. Here, the attending provider's December 11, 2014 progress note did seemingly suggest that the applicant's ability to perform home exercises had been ameliorated as a result of ongoing Neurontin (gabapentin) usage. The attending provider also reported a 30% to 40% reduction in pain complaints with ongoing Neurontin (gabapentin) usage. Continuing the same, on balance, was indicated, given the applicant's reportedly favorably response to the same. Therefore, the request was medically necessary.