

Case Number:	CM14-0124813		
Date Assigned:	09/25/2014	Date of Injury:	04/03/1998
Decision Date:	10/27/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 64-year-old male who sustained a remote industrial injury on 04/03/98 diagnosed with lumbar spine pain and degenerative disc disease of the lumbar spine. Mechanism of injury is not specified in the documents provided. The request for Neurontin 300mg #30 was non-certified at utilization review due to the patient also being prescribed Gralise 600mg three times a day, which is noted as helpful in the treatment of the patient's chronic radicular pain, so the use of the generic Neurontin is appropriate. The most recent progress note provided is 08/04/14. Patient complains primarily of terrible lumbar spine pain rated as a 9/10 and he reports losing balance over the past two weeks. The patient has a positive history of ulcers. Physical exam findings reveal unremarkable findings. Current medications include: Gralise, Neurontin, Lidoderm, Flexeril, and Ambien. The dose and dosing frequency of these medications are not specified. It is noted that the patient has come in to review the denials for these medications. It is also noted that a Toradol injection was performed during this visit. The treating physician highlights that he is worried about abruptly stopping the patient's medications because this could cause serious side effects. Provider documents include several previous progress reports, a previous utilization review, a script history the highlights the patient has been prescribed Gralise 600mg one tab three times a day since at least 06/26/13 and Gabapentin 300 mg once a day since at least 12/23/13, and psychological consultation reports. On 07/08/14, the patient reports that Gralise works great at relieving the pinch in the patient's legs at night. The patient's previous treatments include Toradol injections, lumbar epidural injections, psychological therapy, and medication. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

Decision rationale: California MTUS guidelines support the use of anti-epileptics for the treatment of chronic pain, particularly that which is neuropathic in nature. In this case, provided documentation does not identify that the patient's pain is primarily neuropathic in nature, as the recent physical exam findings are unremarkable and imaging studies are not provided. MTUS guidelines further cite, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Provided documentation does not highlight such pain relief and improvement in function necessary to continue the use of Anti-epilepsy drugs and the patient has been prescribed Gabapentin since at least 12/23/13. Further, the patient is also prescribed Gralise and reports benefits with its use, so it is unclear why Neurontin is also being prescribed. Lastly, the dosing frequency of the requested medication is not specified. For these reasons, medical necessity cannot be supported and the request for Neurontin 300mg #30 is non-certified.