

Case Number:	CM14-0145369		
Date Assigned:	09/12/2014	Date of Injury:	04/03/2012
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 30-year-old male who reported an injury on 04/03/2012; while on top of a tower he pulled up with both hands on a rope, holding a hydraulic to put aside a brace system in the wind turbine, he felt a loud snap in the mid lower back and had severe pain. The injured worker complained of lower back pain. The diagnoses included lumbar spondylosis without radiculopathy, lumbar degenerative disc disease, and facet syndrome. Diagnostics included x-rays. The past treatments included injection, physical therapy, and medication. Objective findings dated 08/13/2014 to the lumbar spine revealed tenderness to palpation over the lumbar facet joint and the paraspinal muscle, decreased range of motion with extension and flexion and side bending. The medications included Dilaudid and Neurontin. The treatment plan included continue the home exercise program/physical therapy, medications, and return to office in 1 month. The Request for Authorization, dated 09/12/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 16.

Decision rationale: The request for 1 Prescription of Neurontin 100mg #90 is not medically necessary. The California MTUS Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and it has been considered as a first line treatment for neuropathic pain. The clinical notes did not indicate that the injured worker had diabetic neuropathy or had postherpetic neuralgia. The request did not indicate a frequency. As such, the request is not medically necessary.