MAXIMUS Federal Services

Case Number:	CM15-0105039		
Date Assigned:	06/09/2015	Date of Injury:	01/02/2014
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/01/2015

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: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 1/2/2014. He reported back pain with radiation to the left lower extremity. Diagnoses have included lumbar strain, lumbar radiculopathy, lumbar disc prolapse and myofascial pain syndrome. Treatment to date has included lumbar surgery, physical therapy, acupuncture, lumbar epidural steroid injection and medication. According to the progress report dated 5/26/2015, the injured worker complained of pain in his low back and left leg. He also complained of intermittent numbness in the left foot. He stated that oxycodone did not relieve the pain, but made him feel relaxed. He rated his pain as 5/10. He was currently temporarily totally disabled. Physical exam revealed positive straight leg raise on the left and an antalgic gait. There was moderate lumbar spasm. Lumbar range of motion was limited by pain. Myofascial trigger points were noted over the previous lumbar incision. Authorization was requested for Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Neurontin 400 MG #60 is not medically necessary and appropriate.