

Case Number:	CM15-0011945		
Date Assigned:	01/29/2015	Date of Injury:	05/08/2005
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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 58 year old male, who sustained an industrial injury on 5/8/05. He has reported pain in the lower back and bilateral legs. The diagnoses have included lumbar radiculopathy, chronic pain, lumbar spine disc protrusion and status post fusion with radiation to legs. Treatment to date has included TENs unit, trigger pint injections, diagnostic studies and oral medications. As of the PR2 dated 12/26/14, the injured worker reported chronic low back pain, spasms and tightness. He reported that the current medications help him function. The treating physician requested to continue the current medications including Neurontin 600mg #90. On 1/8/15 Utilization Review non-certified a request Neurontin 600mg #90. The utilization review physician cited the MTUS guidelines. On 1/16/15, the injured worker submitted an application for IMR for review of Neurontin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs Page(s): 18-19.

Decision rationale: This patient presents with chronic low back pain with muscle spasms, stiffness and tightness. The current request is for NEURONTIN 600MG #90. The Utilization review denied the request stating that "there has not been adequate improvement documented for this medication." The MTUS Guidelines has the following regarding gabapentin on pages 18 and 19, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as the first-line treatment for neuropathic pain. This patient has been utilizing this medication since at least 5/27/14. Progress report dated 5/27/14 notes that Gabapentin decreases the numbness in the bilateral lower extremities. Given the patients continued radicular symptoms and the treating physician's documentation of efficacy, this request IS medically necessary.