

Case Number:	CM15-0017538		
Date Assigned:	02/05/2015	Date of Injury:	10/03/2001
Decision Date:	03/18/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 56 year old male, who sustained an industrial injury on 10/03/2001. The diagnoses have included chronic pain syndrome and lumbar post-laminectomy syndrome. Noted treatments to date have included medications. Diagnostics to date have included urine drug screen on 09/13/2014 which showed consistent results. In a progress note dated 01/19/2015, the injured worker presented with complaints of bilateral low back pain. The treating physician reported the injured worker takes Neurontin for radiculopathic lower extremity pain in stable fashion. Utilization Review determination on 01/27/2015 non-certified the request for Neurontin 300mg capsule, take one (1) capsule 3 times a day by oral route, Quantity: 90 capsules, Refills: 3 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg capsule, 1 capsule 3 times per day by oral route; Qty: 90, with 3 Refills:
Upheld

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

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 300mg capsule, 1 capsule 3 times per day by oral route; Qty: 90, with 3 Refills is not medically necessary and appropriate.