

Case Number:	CM15-0112677		
Date Assigned:	06/19/2015	Date of Injury:	03/25/2013
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male with an industrial injury dated 03/25/2013 resulting in a back injury with radiating back and leg pain. His diagnoses included herniation of intervertebral disc of lumbar spine, status post lumbar discectomy and spasm of muscle. Prior treatment included neuro surgery referral, epidural injections and medications. He presents on 01/12/2015 (most recent record available for review) for follow up status post lumbar laminotomy right side at lumbar 3-4 and lumbar 4-5 with decompression. He continues to have episodic muscle spasms to his back and has had to go to the emergency room for this. Physical exam found well healed wound with complaints of back pain and locking up. The provider documents "I am able to bring his leg up to 90 degrees with just complaints of back pain but no radicular complaint." His medications include Morphine CR, Omeprazole, Gabapentin, Trazodone, Cyclobenzaprine, Morphine ER and Ibuprofen. The requested treatment is for Neurontin 300 mg # 270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for neck, low back, and left shoulder pain. Medications are referenced as decreasing pain from 9-10/10 to 6-7/10. When seen, there was decreased cervical and lumbar spine range of motion with tenderness and decreased upper extremity and lower extremity sensation. Gabapentin was prescribed at a dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.