

Case Number:	CM15-0124042		
Date Assigned:	07/08/2015	Date of Injury:	08/08/2009
Decision Date:	09/02/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 68-year-old who has filed a claim for chronic neck, low back, and bilateral knee pain reportedly associated with an industrial injury of August 8, 2009. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for Neurontin. The claims administrator referenced an RFA form received on June 9, 2015 in its determination. The claims administrator also referenced progress notes of April 13, 2015 and May 3, 2015. The applicant's attorney subsequently appealed. In a handwritten prescription form dated June 2, 2015, Ultracet, naproxen, Prilosec, and Neurontin were prescribed. In an associated progress note dated June 2, 2015, the applicant reported ongoing complaints of neck pain radiating to bilateral upper extremities. The applicant also reported low back pain radiating to bilateral lower extremities. Pain complaints as high as 8/10 was collectively reported. Bending, twisting, and turning remained problematic, it was reported. The applicant had also received knee viscosupplementation injections and lumbar epidural steroid injections, it was reported. The applicant was on Norco, Prilosec, Neurontin, Ultracet, and naproxen, it was reported in various sections of the note. The attending provider posited that the applicant's medications were facilitating the applicant's ability to perform household chores such as light cooking and cleaning. The attending provider posited that the applicant's medications were beneficial. Portions of the progress note were blurred as a result of repetitive photocopying and faxing. Neurontin was refilled. The attending provider stated, however, that Neurontin was "not that effective". The applicant's work status was not detailed, although it did not appear that the applicant was working. In a handwritten progress note dated May 15, 2015, it was suggested

that the applicant would remain off work. Pre-printed checkboxes were employed. In an earlier note dated December 19, 2014, it was stated that the applicant would remain off work, on total temporary disability. On January 30, 2015, the applicant was, once again, placed off work, on total temporary disability. Vicodin was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Neurontin (gabapentin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the attending provider reported on June 2, 2015 that Neurontin (gabapentin) was "not that effective". Ongoing usage of Neurontin (gabapentin) failed to curtail the applicant's dependence on opioid agents such as Ultracet and Norco. The applicant was not working; it was suggested in multiple progress notes, referenced above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Neurontin (gabapentin) usage. Therefore, the request was not medically necessary.