

Case Number:	CM15-0066155		
Date Assigned:	04/13/2015	Date of Injury:	08/02/2012
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old male, who sustained an industrial injury on 08/02/2012. He has reported injury to the low back, neck, and bilateral shoulders. The diagnoses have included low back pain; lumbar post-laminectomy syndrome; degenerative lumbar disc; and chronic pain. Treatment to date has included medications, diagnostics, chiropractic sessions, and physical therapy. Medications have included Hydrocodone, Neurontin, Naproxen, Clonazepam, Flexeril, and Menthoderm. A progress note from the treating provider, dated 02/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and leg pain; pain is rated at 9/10 on the visual analog scale without medications, and 7/10 with medications; temporary pain relief with physical therapy; and medications are helpful. Objective findings have included tenderness to palpation of the lumbar paraspinal muscles, right greater than left; increased pain with flexion and extension; and straight leg raise is positive bilaterally. The treatment plan has included the request for Neurontin 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin
Page(s): 49.

Decision rationale: This 60 year old male has complained of low back pain and shoulder pain since date of injury 8/2/12. He has been treated with surgery, physical therapy and medications. The current request is for Gabapentin. Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.