MAXIMUS Federal Services

Case Number:	CM15-0075237		
Date Assigned:	04/27/2015	Date of Injury:	01/10/2014
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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 30-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 10, 2014. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for Neurontin. The claims administrator referenced progress notes and RFA forms of March 19, 2015, March 10, 2015, and December 5, 2014 in its determination. The applicant's attorney subsequently appealed. On February 5, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, and headaches, 6/10 with medications and 8/10 without medications. Sitting, bending, lifting remained problematic, the treating provider acknowledged. The applicant was using Norco, Voltaren, Neurontin, and Desyrel, it was acknowledged. Ancillary complaints of insomnia were reported. Multiple medications were renewed, including Desyrel, Norco, Neurontin, and diclofenac. Six sessions of massage therapy and cervical epidural steroid injection therapy were sought while the applicant was placed off of work, on total temporary disability.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 using gabapentin (Neurontin) 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, however, the applicant was off of work, on total temporary disability as of the February 4, 2015 progress note on issue. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 6/10 with medications, this appears to be marginal benefit, one which is outweighed by the applicant's failure to return to work. The attending provider has failed to outline any meaningful or material improvements in function (if any) as a result of ongoing gabapentin (Neurontin) usage. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continue to report difficulty to perform activities as basic as sitting, bending, lifting, it was reported on February 24, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.