

Case Number:	CM15-0077634		
Date Assigned:	04/29/2015	Date of Injury:	06/03/2011
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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 36 year old male, who sustained an industrial injury on June 3, 2011. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy, lumbago, and chronic pain due to trauma. Treatment to date has included MRI, electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of significant central low back pain with radiation to both legs. The Treating Physician's report dated March 30, 2015, noted the injured worker reported continuing to use Norco and Fentanyl with significant improvement in his ability to walk, sit, and stand. Current medications were listed as Fentanyl transdermal, Neurontin, and Norco. Physical examination was noted to show moderate lumbar paraspinal spasm with decreased flexion and marked decrease in extension. Weakness with plantar flexion was noted in the right foot and great toe. The treatment plan was noted to include prescriptions for Norco, Neurontin, and Fentanyl, and recommendation for bilateral transforaminal epidural steroid injection (ESI) at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #120 with 1 refill: Upheld

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

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

Decision rationale: This 36 year old male has complained of low back pain since date of injury 6/3/11. He has been treated with physical therapy and medications. The current request is for Neurontin (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.