

Case Number:	CM15-0079930		
Date Assigned:	04/30/2015	Date of Injury:	07/01/1992
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on July 1, 1992. He has reported low back pain and has been diagnosed with failed back syndrome and lumbar degenerative disc disease. Treatment has included surgery, medications, a home exercise program, brace, and physical therapy. Currently the injured worker had tenderness to L3-L5 on palpation with decreased range of motion. The treatment request included Neurontin 300 mg.

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 Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 18-22.

Decision rationale: MTUS discusses at length the use of anti-epileptic medications for neuropathic pain, such as has been diagnosed in this case. The guidelines allow for physician discretion in selecting which anti-epileptic medication to use. In this case, Neurontin has been

requested shortly after Lyrica was previously certified. The records contain very limited detail to discuss the effectiveness of the initially approved Lyrica or the rationale to use Neurontin either simultaneous with or instead of Lyrica. Therefore insufficient information has been provided in the records to support the current request. This request is therefore not medically necessary.