MAXIMUS Federal Services

Case Number:	CM15-0095145		
Date Assigned:	05/21/2015	Date of Injury:	07/28/2000
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 28, 2000. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for Neurontin. A progress note of April 23, 2015 and associated RFA form of April 24, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported worsening low back pain radiating into the right leg status post earlier failed lumbar fusion surgery. The applicant stated that she would be bedridden without her opioid medications, which included methadone and Norco. The applicant stated that her pain complaints were making it difficult for her to find employment elsewhere. The attending provider nevertheless maintained that the applicant would be non-functional without her medications. The applicant's medication list was not clearly articulated but apparently included Norco, methadone, Neurontin, Tegretol, Protonix, metformin, Lomotil, glipizide, and Klonopin. The applicant did have superimposed issues with epilepsy, depression, dyslipidemia, diabetes, and headaches, it was reported. The attending provider stated in one section of the note that the applicant had developed issues with memory loss while on gabapentin. The attending provider stated that previously provided gabapentin had not generated any improvements in pain or function. Toward the bottom of the report, the applicant was nevertheless asked to continue current medications while remaining 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, 1 tablet 3 times a day, #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Neurontin (gabapentin) was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines, an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, however, the attending provider's progress note of April 23, 2015 suggested that the applicant had developed side effects such as sedation, fogginess, and memory loss while previously on gabapentin (Neurontin). It was not clearly stated why Neurontin (gabapentin) was being reintroduced on or around the date in question, particularly in light of the fact that the applicant had apparently earlier experienced intolerable adverse effects with the same. Little-to-no narrative rationale accompanied the request. The April 23, 2015 progress note in question did not set forth a clear or compelling case for reintroduction of Neurontin (gabapentin). Therefore, the request was not medically necessary.