

Case Number:	CM15-0098028		
Date Assigned:	05/29/2015	Date of Injury:	12/31/1997
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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 50-year-old who has filed a claim for chronic low back pain, chronic neck pain, chronic shoulder pain, and alleged fibromyalgia (FM) reportedly associated with an industrial injury of December 31, 1997. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for Neurontin (gabapentin). A RFA form received on April 28, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 2, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was apparently working on a part-time basis, despite issues with fibromyalgia, cervical radiculopathy, and various tender points. Norco, Kadian, and Ambien were continued. In an undated questionnaire, the applicant seemingly stated that performing small tasks at work, going to the store, shopping, negotiating traffic, and the like could all have been ameliorated as a result of ongoing Kadian usage. On April 24, 2015, the applicant reported ongoing complaints of neck pain, 2-3/10 with medications versus 8/10 without medications. It was stated that the applicant was able to work and function as a result of ongoing medication consumption. In another section of the note, it was stated that the applicant was working on a part-time basis. The note was somewhat difficult to follow and mingled historical issues with current issues. At the bottom of the report, Ambien, Kadian, Norco, Neurontin, and Topamax were endorsed. In an associated RFA form dated April 27, 2015, Neurontin, Norco, Topamax, Kadian, and Ambien were all prescribed. The attending provider's April 27, 2015 progress note, however, did not state why the applicant was using two separate anticonvulsant adjuvant medications, Topamax and Neurontin (gabapentin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #90 with 5 refills: Upheld

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

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, an anticonvulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Neurontin (gabapentin) is a first-line treatment for neuropathic pain, as was/is present here in the form of the applicant's ongoing cervical and lumbar radicular pain complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's progress note of April 27, 2015 did not include any commentary as to why the applicant was concurrently using two separate anticonvulsant adjuvant medications, namely Neurontin and Topamax. Therefore, the request is not medically necessary.