

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0038657 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/24/2007 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female who sustained an industrial injury on 05-24-07. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include neck pain. Current diagnoses include cervical facet arthropathy, cervical myofascial pain syndrome, cervical degenerated disc disease, and occipital neuralgia. In a progress note dated 03-10-14 the treating provider reports the plan of care as medications including Norco, Neurontin, and cyclobenzaprine. The requested treatment includes Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg one tid #90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Page(s): 16-18.

Decision rationale: The claimant sustained a work-related injury in May 2007 and is being treated for neck pain. When seen, Lyrica had been denied and Neurontin was being prescribed. There was a BMI of over 38. There was decreased cervical spine range of motion with diffuse tenderness and spasms. There was decreased upper extremity strength. Neurontin was prescribed at a daily dose of 900 mg per day with 2 refills. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing was less than that recommended in terms of being effective and no titration was being planned. Prescribing at this dose was not medically necessary. Therefore, the request is not medically necessary.