

Case Number:	CM13-0022202		
Date Assigned:	11/13/2013	Date of Injury:	03/28/2007
Decision Date:	08/08/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 3/28/07 and Neurontin is under review. She saw [REDACTED] on 8/14/13. She had been approved for surgery, including excision of a cyst along the A1 pulley of the long finger that was scheduled on 8/29/13. She also had pain along the base of the left thumb for which she also wanted surgery. She had pain, numbness, tingling, and stiffness in her hands. She had issues of mild median ulnar neuritis on the left and less so on the right with joint inflammation at the wrists. She had received Norco from another provider. She received Keflex and Neurontin was recommended for neuropathic pain postoperatively. The Neurontin was denied on 8/26/13. She had an AME on 4/1/14 and had ongoing problems with her upper extremities. The impression was left thumb retinacular cyst status post resection and right long finger MCP joint retinacular cyst. Her left hand had reached maximum medical improvement. On 6/19/14, the claimant saw [REDACTED] for bilateral elbow, forearm, wrist, and upper extremity pain due to repetitive injury. She was taking ibuprofen, Soma, Flector patches, Voltaren gel, and Norco. Her prior medications included Soma, Vicodin, Relafen, Robaxin, and nortriptyline. She is status post surgery in August 2013 with [REDACTED]. She had multiple diagnoses involving her upper extremities and shoulder and neck. Tinel's and Phalen's are positive at the left wrist. She had good muscle strength. There was evidence of left shoulder impingement. Neurontin is not otherwise mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug (AED - also referred to as an anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. None of these conditions have been diagnosed in this case. Also, there is no indication for Neurontin for postoperative pain, and it is not clear why postoperative neuropathic type pain may have been expected. The medical necessity of this request has not been clearly demonstrated.