

Case Number:	CM14-0010341		
Date Assigned:	02/21/2014	Date of Injury:	04/25/2002
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/25/02. A utilization review determination dated 12/23/13 recommends non-certification of Neurontin. A 12/9/13 medical report identifies a history of headaches 6-8/10, 3-4 per week lasting a few minutes to an hour, mostly in the left temporal area, with numbness in the left side of the face since the injury and unable to taste food. There was occasional blurry vision. On exam, there is limited neck ROM, tenderness in the upper back and left temporal bone area, diminished sensation BLE L4, L5, and S1 distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 100MG #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): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, it appears that the medication is being utilized in the management of headaches, which is not a supported indication, and there is no documentation to support decreased frequency and/or severity of headaches. In light of the above issues, the currently requested Neurontin 100mg #90 is not medically necessary.