

Case Number:	CM14-0159984		
Date Assigned:	10/03/2014	Date of Injury:	03/27/2012
Decision Date:	11/14/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal 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 patient is a 40 year old male who was injured on March 27, 2012 when he was involved in a motor vehicle accident that injured the low back, the right knee and left shoulder. He has been treated conservatively with chiropractic treatment. His medication history included Lexapro, Gabapentin, Meloxicam, Tizadine, Omeprazole, epidural steroid injection, Injection, Ketrolac, Trometharine, Neurontin and Vicodin. Diagnostic studies reviewed include an electrodiagnostic study dated 9/19/2012 indicated there is no evidence of cervical radiculopathy or median, ulnar, radial or mononeuropathy in either side. Progress report dated September 5, 2014 indicates the patient presented with complaints of pain in the low back, right knee and left shoulder since the subject industrial injury. He has not been able to enjoy playing soccer and going to the gym. The patient reported tremors in the low back and knee, muscle weakness in the left shoulder with pain, poor balance, numbness, joint pain, joint swelling, problems obtaining an erection, feeling depressed, and inability to relax. On examination, there were no significant findings documented. The patient was diagnosed with pain in the low back, right knee and left shoulder, sleep disorder and GERD and he was recommended Neurontin 600mg. Prior utilization review dated August 30, 2014 indicated the request for Neurontin 600mg is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20.

Decision rationale: The guidelines recommend Gabapentin as an option for the treatment of diabetic neuropathy, post herpetic neuralgia, and neuropathic pain. The clinical documents state the patient has been taking gabapentin but it is unclear how long the duration of therapy has been. The clinical documents did not show a significant subjective/objective improvement with gabapentin to justify ongoing usage. Additionally, the request does not include a frequency of administration or number of tablets to be dispensed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.