

Case Number:	CM14-0046890		
Date Assigned:	04/18/2014	Date of Injury:	08/12/2007
Decision Date:	07/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 Physician 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 64-year-old male who was injured on 08/12/2007. The mechanism of injury was not provided. He is being treated for low back pain, chronic left knee pain status post left knee replacement, chronic right knee pain status post right knee replacement, right hip pain and low testosterone secondary to chronic narcotic use. Prior treatment history has included medications and Synvisc injections February 2011. Diagnostic studies reviewed include an electrodiagnostic study of bilateral legs, which was negative in November 2009. Progress note dated 02/27/2014 documented the patient stating that he is very happy about the progress he is making. He just finished the 8 sessions of aqua therapy. His knee is almost neutral and is able to stand up with more comfort. He feels he is 50% better. Currently his pain level is at 2/10. He has cut down on his Norco to three a day. He wants to continue to take less and less and wants to come off it. He has got a water jet going on his knees and is working in both land and water. Objective findings on exam revealed full extension in the right knee. Left knee full extension is better. The treating provider has requested Neurontin 800mg tid # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 800 MG BY MOUTH THREE TIMES A DAY #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION GABAPENTIN (NEURONTIN) and SECTION ANTICONVULSANTS Page(s): 49, 16-22.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neurontin "has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The medical records document the injured worker's diagnoses as low back pain (negative EMG), chronic left knee pain, chronic right knee pain, right hip pain and low testosterone. There is no indication in the records provided that the injured worker has painful neuropathy and the use of Neurontin for chronic pain, osteoarthritis have not been established. Medical necessity for the requested item has not been established. The requested item is not medically necessary.