

Case Number:	CM14-0047008		
Date Assigned:	07/02/2014	Date of Injury:	10/29/2012
Decision Date:	08/01/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 10/29/12. Neurontin was requested and is under review. She saw [REDACTED] on 02/19/14 and reported that she had stopped taking the gabapentin because it made her vomit. She was only using ibuprofen and her pain level was higher. She was also taking Pristiq. She had neck pain radiating down her arms and difficulty sleeping. Her medications are helpful but less effective than before and Gabapentin was causing GI upset. She had been taking Gabapentin since 11/13. The Gabapentin was started again because she was tolerating more. On 05/28/14, she saw [REDACTED] again and she still had neck pain radiating down both arms. Her pain with medications with level 6/10. Her sleep was poor. She stated that the medications were less effective but her GI upset from Gabapentin was tolerable. It was continued. She has also received a second psychological treatment. She attended a pain program. Her diagnoses include cervical strain, cervical radiculopathy and facet syndrome, muscle spasm, tension headache, and post concussion syndrome. She also had ongoing jaw pain. The Gabapentin was discontinued. Pristiq was added for her mood. Aquatic therapy was ordered and acupuncture was under consideration. A sleep study was ordered. On 12/11/13, she stated the Gabapentin helped to reduce her neuropathic pain. It had some sedation associated with it but it was tolerable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

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

Decision rationale: The history and documentation do not objectively support the request for the continued use of Neurontin 300 mg. The California MTUS state Neurontin (Gabapentin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005) Additionally, California MTUS state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. In this case, there is little information about the claimant's objective findings demonstrating radiculopathy or supporting the presence of neuropathic pain. She also has reported side effects that have limited her use of this medication. The specific objective or functional benefit that she receives from the use of this medication has not been described. There is no documentation that she is involved in an ongoing rehab program of exercise in combination with ongoing treatment. The medical necessity of this request has not been clearly demonstrated.