

Case Number:	CM14-0063046		
Date Assigned:	06/27/2014	Date of Injury:	10/27/2004
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 66 year old female with a date of injury on 10/27/2004. Diagnoses are of cervical discogenic disease with radiculopathy, lumbar discogenic disease with radiculopathy, bilateral knee osteoarthritis, and bilateral carpal tunnel release. Subjective complaints are of chronic cervical spine, low back, bilateral hand, and bilateral knee pain. Physical exam shows cervical spine spasm, and painful and decreased range of motion. There was facet tenderness and radiculopathy bilateral at C4-7. Lumbar spine showed spasms, and painful range of motion. Straight leg raise test was positive bilaterally, and there was motor weakness at L4-5. Left shoulder had impingement signs, and painful range of motion. Medications include Prilosec, Norco, Neurontin, Zanaflex, and Genocin.

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 Neurontin Page(s): 16, 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (Anti Epilepsy Drugs) Page(s): 16.

Decision rationale: CA MTUS indicates that gabapentin is an anti-seizure medication is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED (Anti Epilepsy Drug) for neuropathic pain depends on these improved outcomes. For this patient, gabapentin has been utilized for a considerable amount of time, and there is a continued significant complaint of pain and dysfunction. Review of the submitted medical records did not identify any documentation that demonstrated pain relief or functional improvement with this medication. Therefore, the request of Neurontin 600mg #90 is not medically necessary and appropriate.