

Case Number:	CM14-0082470		
Date Assigned:	07/21/2014	Date of Injury:	01/05/2009
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 36-year-old patient had a date of injury on 1/5/2009. The mechanism of injury was not noted. In a progress noted dated 5/5/2014, subjective findings included pain being reduced to 4-5/10 with medication, from 9/10 without medication. On a physical exam dated 5/5/2014, objective findings included slight right knee extensor lag noted, right knee flexion 100 degrees, tenderness to palpation on the medial greater than lateral aspects. Diagnostic impression shows status post arthroscopic surgery, right knee pain secondary to internal derangement. Treatment to date: medication therapy, behavioral modification, surgery a UR decision dated 5/22/2014 denied the request for Neurontin 100mg #120 x1 refill to allow weaning off Neurointin 100mg #120, stating that there was no clear evidence of neuropathic pain or other indication for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg, # 120, with one refill to allow for weaning off of Neurontin 100mg # 120:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The Expert Reviewer's decision rationale:CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the reports viewed, and in the progress report dated 5/5/2014, there was no evidence the patient suffered from neuropathic pain. Furthermore, no discussion regarding the functional improvement of Neurontin was provided therefore, the request for Neurontin 100mg #120 x1 refill to allow for weaning off Neurontin #120 is not medically necessary.