

Case Number:	CM14-0084262		
Date Assigned:	07/21/2014	Date of Injury:	08/18/2010
Decision Date:	10/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 Florida. 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 patient is a 65 year-old with a date of injury of 08/18/10. A progress report associated with the request for services, dated 03/01/14, identified subjective complaints of shoulder pain. Objective findings included bilateral crepitus and decreased range of motion of the shoulders. Diagnoses included (paraphrased) cervical sprain/strain with radiculopathy; right carpal tunnel syndrome; lumbar disc disease; chronic AC joint arthrosis; and bilateral knee pain. Treatment had included an NSAID and oral analgesic. The record implies that the Patient was on Neurontin. A Utilization Review determination was rendered on 05/29/14 recommending non-certification of Neurontin 600 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-21, 49.

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is

recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation for a neuropathic component to the pain, and little evidence to support its use specifically in low back pain and radiculopathy as well as shoulder pain. Also, there is no evidence of functional improvement from the Neurontin. Therefore, the record does not document the medical necessity for Neurontin (Gabapentin) in this case.