

Case Number:	CM14-0096571		
Date Assigned:	07/25/2014	Date of Injury:	10/25/1998
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on October 25, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of neck pain and headaches as well as a new onset complaint of left thumb pain. Current medications include Ultram and Neurontin. The physical examination demonstrated swelling and tenderness of the thenar region of the left hand. There was decreased and painful range of motion of both knees. Diagnostic imaging studies were not reviewed during this visit. A request had been made for Neurontin which was non-certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Workers Comp formulary, Goodman and Gilman's The Pharmacological Basis of Therapeutics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines consider Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no evidence that the injured worker had neuropathic pain or any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.