

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0185763 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 04/04/2011 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Pain Management and Rehabilitation 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 patient is a 57-year old male with date of injury 4/4/11. The treating physician report dated 9/2/14 indicates that the patient has recently been diagnosed with diabetes. The patient additionally has complaints of neuropathic pain over the back, left posterior neck, left shoulder, left elbow, left wrist and left fingers along with post-traumatic anxiety, depression and insomnia. The physical examination findings reveal limited range of motion of the elbow and shoulder, with moderate pain. No record of prior treatment history was provided. No records of diagnostic imaging reports were provided. The current diagnoses are: 1. Tenosynovitis Finger(s) LFT2. Elbow Epicondylitis L3. Shoulder Tenosynovitis L4. Cervico-Branchial Syndrome5. Thoracalgia6. Post Traumatic Hypertension7. Probable Post Traumatic Insomnia8. Probable Post-Traumatic Anxiety and DepressionThe utilization review report dated 10/15/14 denied the request for "Neurontin (Gabapentin 600mg) scored tablets, 1 tablet 4 times a day, 180 tablets over 30 days" based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (Gabapentin 600mg) scored tablets, 1 tablet 4 times a day, 180 tablets over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 16-19, 49.

Decision rationale: The patient has recently been diagnosed with diabetes. The patient additionally has complaints of neuropathic pain over the back, left posterior neck, left shoulder, left elbow, left wrist and left fingers along with post-traumatic anxiety, depression and insomnia. The current request is for Neurontin (Gabapentin 600mg) scored tablets, 1 tablet 4 times a day, 180 tablets over 30 days. The patient has been prescribed Neurontin since at least 3/18/14. The physical examination findings reveal limited range of motion of the elbow and shoulder, with moderate pain. The current request is for Neurontin (Gabapentin 600mg) scored tablets, 1 tablet 4 times a day, 180 tablets over 30 days. MTUS has the following regarding Gabapentin on page 49: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS further states: "Recommend Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. The treating physician report dated 9/2/14 indicates the subject is "unchanged." The "physical exam is unchanged." And finally, as noted previously in the treating physician report dated 3/18/14, 4/29/14 and 7/22/14, "the patient has recently been diagnosed with Diabetes; this may very well be compensable." In this case the treating physician has not documented whether there has been a change in the patient's pain or function as defined by MTUS on page 60 with usage of Neurontin. The request for Neurontin (Gabapentin 600mg) scored tablets is not medically necessary.