

Case Number:	CM14-0187319		
Date Assigned:	11/20/2014	Date of Injury:	12/14/2009
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine 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 injured worker is a 59 year-old female, who sustained an injury on December 14, 2009. The mechanism of injury occurred from repetitive job duties. Diagnostics have included: April 24, 2014 right knee MRI reported as showing medial meniscectomy changes, medial compartment osteoarthritis. Treatments have included: physical therapy, medications. The current diagnoses are: cervical and lumbar disc syndrome, right knee meniscus tear, and right knee osteoarthritis. The stated purpose of the request for Neurontin 110 mg # 90 was not noted. The request for Neurontin 110 mg # 90 was denied on October 20, 2014. Per the report dated September 23, 2014, the treating physician noted complaints of right knee pain, bilateral feet pain, as well as pain to the cervical and lumbar spines and bilateral shoulders. Exam findings included cervical tenderness, positive bilateral foraminal compression test, lumbar spasm and tenderness, positive bilateral straight leg raising test, equal dermatomal sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 110 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage". The injured worker has right knee pain, bilateral feet pain, as well as pain to the cervical and lumbar spines and bilateral shoulders. The treating physician has documented cervical tenderness, positive bilateral foraminal compression test, lumbar spasm and tenderness, positive bilateral straight leg raising test, equal dermatomal sensation. The treating physician has not documented duration of treatment, radicular pain, and exam evidence indicative of nerve damage nor functional improvement from previous use. The criteria noted above not having been met, Neurontin 110 mg # 90 is not medically necessary.