

Case Number:	CM14-0195357		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 51 year old male with an injury date of 11/09/06. Based on the 06/03/14 progress report, the patient complains of persistent pain along the right knee with popping, clicking, and instability. He has tenderness along the right knee and a positive McMurray's medially. The 09/26/14 report states that the patient has right knee pain daily which he rates as a 7-8/10. He has frequent spasms, numbness, and tingling. At times, he has depression due to his chronic pain that is decreasing his functionality. The 10/24/14 report indicates that the patient continues to have right knee pain which he rates as a 7/10. No further positive exam findings were provided. The patient's diagnoses include the following: 1. Internal derangement of the knee on the right, status post medial meniscectomy 2. Internal derangement of the knee on the left 3. The patient has issues with sleep, stress, and depression. The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 05/02/14- 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Medications for Chronic Pain Page(s): 18-19; 60-61.

Decision rationale: According to the 10/24/14 report, the patient presents with right knee pain with frequent spasms, numbness, and tingling. The request is for NEURONTIN 600 MG #180. The report with the request was not provided. MTUS Guidelines pages 18 and 19 reveal the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." There is no indication of when the patient began taking Neurontin, nor is there any discussion provided regarding its efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Although the treater provides pain scales of 7-8/10 on the 09/26/14 report and 7/10 on the 10/24/14 report, there is no discussion of decrease in pain or functional improvement with taking Neurontin. Given the lack of discussion regarding efficacy, the requested Neurontin is not medically necessary.