

Case Number:	CM14-0209514		
Date Assigned:	12/22/2014	Date of Injury:	06/17/2008
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 is a 51 year old male with a date of injury of 6/17/08. The patient is being treated for brachial neuritis or radiculitis, shoulder impingement, carpal tunnel syndrome, lumbar radiculopathy and anxiety disorder. Subjective findings on 10/30/14 include no improvement in his neck and low back pain. Objective findings include cervical spine paravertebral muscle tenderness/spasm/restricted ROM, normal bilateral shoulders, bilateral hands with decreased sensation along median nerve distribution and reduced grip strength bilaterally, lumbar spine paravertebral muscle tenderness/spasm/restricted ROM, feet with right foot tenderness/erythema, bilateral reduced sensation in feet and tenderness on palpation. Treatment thus far has consisted of medications (Carisoprodol, Norco, gabapentin, Ketoprofen, soma), chiropractic therapy, podiatric care and physical therapy. The Utilization Review on 11/11/14 for Neurontin 300mg #90 was modified to #60 to wean the patient off this medication as there was no objective evidence of improvement in function with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended 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. (Dworkin, 2003) 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." Additionally, ODG states that Gabapentin "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". Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam and screening neurometry was negative. Based on the documentation provided, there does not appear to be any improvement on this medication. Weaning off this medication may be helpful in this case. As such, without any documented objective evidence of neuropathic type pain as documented in the records and failure to show improvement in symptoms on it, the request for Gabapentin 300mg # 90 is not medically necessary.