

Case Number:	CM15-0109345		
Date Assigned:	06/15/2015	Date of Injury:	03/20/2003
Decision Date:	07/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 75 year old female, who sustained an industrial injury on 3/20/03. She reported injuries to lower back, right shoulder, bilateral hands/wrist joints and bilateral knee joints following a fall. The injured worker was diagnosed as having bilateral end stage knee arthritis with chronic knee pain, CMC arthritis bilaterally, multiple trigger fingers of both hands, bilateral shoulder pain with probable rotator cuff tears and severe degenerative disc disease of lumbar spine aggravated by abnormal gait mechanics. Treatment to date has included oral medications including Norco, Neurontin and Gabapentin, electronic scooter, multiple steroid injections, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of pain in knees, back, shoulders and hands unchanged since previous visit. She is currently not working. She notes Gabapentin and Norco allow her to perform her activities of daily living. Physical exam noted trigger thumb, trigger finger, atrophy of thenar muscles, bilateral knee joint effusion and medial joint line tenderness and use of a wheelchair. The treatment plan included continuation of Norco and Gabapentin and continuation of home exercise program. A request for authorization was submitted for Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain and is used off label for radicular pain. It unclear why patient is on this medication. Patient has arthritis and is wheelchair bound. There is no provided documentation of any neuropathic pathology or any supportive evidence of radicular or neuropathic pain that could be treated with neurontin. While patient has subjective improvement on this medication, patient does not have a diagnosis listed or provided information that support its use on this patient. Neurontin is not medically necessary.