

Case Number:	CM15-0163961		
Date Assigned:	09/01/2015	Date of Injury:	04/22/2009
Decision Date:	10/28/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York, 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 43-year-old female, with a reported date of injury of 04-22-2009. The mechanism of injury was the result of a fall forward while running down a hallway. The injured worker's symptoms at the time of the injury included pain in her right knee and in the three medial fingers of the right hand, extending proximally to her right elbow. She also had numbness, tingling, and weakness in the right hand. The diagnoses include impingement syndrome, acromioclavicular (AC) joint involvement, bicipital tendinitis, and rotator cuff strain of the shoulder on the right; status post right shoulder surgery; chronic right knee strain; right knee internal derangement; right hand and arm pain; chronic pain syndrome with element of depression; and right tenosynovitis. Treatments and evaluation to date have included right shoulder arthroscopy on 06-21-2012, oral medications, TENS unit, home exercises, physical therapy, corticosteroid injection, and topical pain medications. The diagnostic studies to date have included an MRI of the right knee on 10-09-2012, which showed moderate degree patellar cartilage thinning and mild articular cartilage thinning over the lateral femoral condyle; and an MRI of the right knee on 09-18-2013. The medical report dated 07-17-2015 indicates that the injured worker had quite a bit of pain along her right knee as well as the right elbow radiating to the fourth and fifth fingers on the right, with numbness and tingling. It was noted that the injured worker had electromyogram studies in 2011, which were negative at that time. The injured worker needed a refill of Neurontin. The objective findings include tenderness along the right knee, full extension and flexion at 115 degrees, tenderness along the knee joint medial greater than lateral with McMurray's positive medially and negative laterally, positive Tinel at

the elbow, radiation along the ulnar nerve, and tenderness along the medial greater than lateral epicondyle on the right. The treatment plan included a prescription for Neurontin 600 mg #90 for neuropathic pain and an MRI of the right knee to evaluate for changes. It was noted that the injured worker was not currently working. The treating physician requested two prescriptions of Neurontin 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. There was documentation that the injured worker had persistent and worsening numbness and tingling radiating to the ulnar distribution. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Guidelines also state, "good" response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The injured worker has been taking Neurontin since at least 05-01-2013. The records do not discuss the IW pain reduction while taking this medication. There is no documentation to support a 30% reduction of pain. The request does not include frequency or dosing. The request does not meet guideline recommendation. Therefore, the request for Neurontin is not medically necessary.

Retrospective Neurontin 600mg, #90 (DOS: 7/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line

treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. There was documentation that the injured worker had persistent and worsening numbness and tingling radiating to the ulnar distribution. Guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Guidelines also state, "good" response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The injured worker has been taking Neurontin since at least 05-01-2013. The records do not discuss the IW pain reduction while taking this medication. There is no documentation to support a 30% reduction of pain. The request does not include frequency or dosing. The request meets guideline recommendation. Therefore, the request for Neurontin is medically necessary. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. The injured worker has been taking Neurontin since at least 05-01-2013. The request does not meet guideline recommendation. Therefore, the request for Neurontin is not medically necessary.

MRI of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Special Studies.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." The injured worker received conservative care and had an MRI of the right knee in the past. The guidelines also indicate that the absence of red flag conditions rule out the need for special studies during the first four to six weeks. The injured worker has been diagnosed with derangement of the right knee, which is a mechanical disorder. The objective findings of the bilateral knees included tenderness along the medial and lateral joint line, which is a unique symptom, and a probable diagnosis of collateral ligament tear. The guidelines indicate that an MRI can confirm the tear; however, a collateral ligament tear is considered a non-red flag knee condition, which can be managed by primary care physicians according to the guidelines. Therefore, the request for an MRI of the right knee is not medically necessary.