

Case Number:	CM15-0029825		
Date Assigned:	02/23/2015	Date of Injury:	10/29/2012
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old female with an industrial injury date of 10/29/2012. The nature of the injury is documented as a fall on a slippery surface resulting in knee and back pain. She presented on 01/28/2015 with complaints of knee and back pain. She has not been taking her medications as prescribed due to side effects and Norco caused constipation. Physical exam revealed pain in the lumbar spine musculature. Flexion was decreased (40 degrees) and extension (5 degrees) noted in lumbar spine. There was decreased lateral bending to the left (20 degrees) and to the right (30 degrees) of the lumbar spine. Straight leg raising rest was negative. Left hip had capsular tightness with decreased range of motion. There was swelling and tenderness of the right knee. MRI of the lumbar spine dated 11/14/2014 is present in the submitted records. Prior treatment included diagnostics, medications and water physical therapy. Diagnoses: Lumbago, Lumbar strain/sprain, Thoracic or Lumbosacral neuritis or radiculitis, radicular syndrome of lower limbs, Knee or leg strain/sprain (left) On 02/15/2015 the request for Neurontin 100 mg # 45 with 3 refills was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #45 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neurontin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 100 mg #45 with three refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are lumbago; lumbar strain/sprain; thoracic or lumbosacral neuritis or radiculitis, unspecified; radicular symptoms lower extremities; and knee or leg not otherwise specified strain/sprain. The medical documentation does not contain subjective complaints of neuropathic symptoms. Objectively, there is no neurologic physical evaluation in the medical record. A January 28, 2015 progress note states the injured worker was on both Norco and Ultram. The injured worker reportedly stopped Norco due to constipation. The injured worker continued the Ultram. The treating physician started Neurontin because of insomnia due to pain. Neurontin is not indicated for insomnia. Neurontin is indicated for neuropathic pain. Consequently, absent clinical documentation of neuropathic signs and symptoms with an appropriate clinical indication and rationale for Neurontin. Neurontin 100 mg #45 with three refills is not medically necessary.