

Case Number:	CM15-0213591		
Date Assigned:	11/03/2015	Date of Injury:	05/14/2004
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 5-14-2004. The injured worker is undergoing treatment for: cervical disc displacement. On 9-14-15, he rated neck pain without Norco as 9 out of 10 reduced to 2 out of 10 with Norco. 10-9-15, he reported neck pain rated 9 out of 10 without Norco and 2 out of 10 with. His current pain is 5-6 out of 10. He is noted to have improved function and being able to perform household chores while his wife works. The provider noted no evidence of abuse, and he has some dizziness and PMD with gabapentin and is asking the dose to be decreased. Physical examination revealed his gait as normal. No objective findings are noted regarding the cervical spine. There is no discussion of pain reduction with Neurontin. The treatment and diagnostic testing to date has included: medications. Medications have included: Norco, Neurontin. The records indicate he has been utilizing Neurontin since at least April 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Neurontin capsules 400mg quantity 60 with 3 refills. The UR dated 10-20-2015: non-certified Neurontin 400mg number two hundred and forty (quantity 240).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin cap 400mg #120 with 3 refills: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "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 continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam note from 9/14/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore the request is not medically necessary.