

Case Number:	CM15-0033856		
Date Assigned:	02/27/2015	Date of Injury:	05/26/2009
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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: Family Practice

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 45 year old female, who sustained an industrial injury on 05/26/2009. She has reported subsequent left knee, bilateral elbow and wrist pain and was diagnosed with left knee and bilateral wrist sprain, right lateral and medial epicondylitis and status post carpal tunnel release. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 12/17/2014, the injured worker complained of 6/10 wrist pain with numbness bilaterally. Objective examination findings were notable for exquisite tenderness of the lateral epicondyle and left wrist with reduced range of motion in the wrists and tenderness and reduced range of motion of the left knee. The physician noted that the injured worker was being provided with a prescription for Neurontin for neuropathic pain but that the medication was making her nauseated and would be discontinued. On 01/27/2015, Utilization Review non-certified a request for Neurontin, noting that documentation shows that this medication was causing nausea and that the physician was planning on discontinuing the medication. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs) such as Neurontin (gabapentin). For a painful polyneuropathy AEDs are recommended on a trial basis (gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example). The other first-line options are a tri-cyclic antidepressant (if tolerated by the patient), or a SNRI antidepressant (such as duloxetine). The guidelines also describe the indications to discontinue Neurontin. They state that the patient should be switched to another first-line therapy for the following reasons: "If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications." In this case, the records indicate that on 12/17/2014 the treating physician note states that Neurontin "will be discontinued" due to the adverse side effect of nausea. On the next visit, 1/28/2015 there is no further mention on the use of Neurontin. It appears that Neurontin was replaced with a topical analgesic. Given that the patient demonstrated intolerance to the use of Neurontin and the treating physician discontinued its use, there is no justification for a refill of Neurontin. Neurontin is not considered as medically necessary.