

Case Number:	CM15-0058273		
Date Assigned:	04/03/2015	Date of Injury:	05/26/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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: North Carolina

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. Diagnoses include left knee sprain, right lateral epicondylitis, right medial epicondylitis, right wrist sprain, left wrist sprain, right forearm extensors tendinitis, bilateral severe carpal tunnel, and status post right and left wrist carpal tunnel release. Treatment to date has included diagnostic studies, surgery, medications, gripping and grasping exercises, and physical therapy. A physician progress note dated 01/28/2015 documents the injured worker has continued pain rated as a 6 on a scale of 0-10. She has numbness bilaterally with repetitive use of the hands and wrists. Her right elbow has exquisite tenderness noted at the lateral epicondyle. There is full range of motion. Finkelstein test is positive. Her right wrist has somewhat restricted flexion, extension. The left wrist is tender to palpation and flexion and extension was not done due to discomfort. Tinel sign was positive. Her left knee has tenderness at the medial joint line and slight crepitus is positive, and slight lateral malalignment. There is tenderness noted at the lateral peripatellar soft tissue. The treatment plan is for medications, continuation of exercises, a forearm support to aid the right elbow, and a follow up visit. Treatment requested is for Neurontin 100 MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 MG #60: Overturned

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 Neurontin Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain. Therefore, the request is medically necessary.