

Case Number:	CM14-0115076		
Date Assigned:	08/04/2014	Date of Injury:	04/06/2010
Decision Date:	09/26/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with reported date of injury on 4/6/2010. The mechanism of injury was described as pulling injury to the left knee. The patient has a diagnosis of knee joint pain and lumbar pain/sprain with radiculopathy. The patient is post revision of left knee replacement with replacement of entire femoral and tibial component on 3/28/14. The last report available was dated 6/24/14. The patient complains of bilateral knee pains worst with walking. Pain is 9/10. The patient also has associated depression. Objective exam reveals left knee erythema over anterior superior knee and right knee reveals crepitus and decreased range of motion. No recent post-operative imaging reports or any imaging or electrodiagnostic reports of the back were provided for review. The patient has been on Neurontin chronically for at least six months. No medication list was provided for review. A note mentions that patient is on OxyContin, Lisinopril, Pamelor, Prilosec, Effexor, Ambien and Neurontin. Independent Medical Review is for Neurontin 600mg #30 and Neurontin 300mg #90. Prior UR on 7/1/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: From the records, it appears patient has been taking Neurontin for at least 6 months (may be longer). All documentation concerns knee pains. There is not a single note concerning the back pain/lumbar radiculopathy that patient supposedly has. Not a single electrodiagnostic or imaging study of the lumbar spine was provided for review. Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. The patient has no documentation of any neuropathic pain. There is some evidence that it may be useful in fibromyalgia but the patient does not have that diagnosis. The patient has also been on this medication for at least 6 months with no documentation improvement in pain. The patient does not meet any indication for use of Neurontin and it is therefore not medically necessary.

Neurontin 300 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: From the records, it appears patient has been taking Neurontin for at least 6 months (may be longer). All documentation concerns knee pains. There is not a single note concerning the back pain/lumbar radiculopathy that patient supposedly has. Not a single electrodiagnostic or imaging study of the lumbar spine was provided for review. Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. The patient has no documentation of any neuropathic pain. There is some evidence that it may be useful in fibromyalgia but the patient does not have that diagnosis. The patient has also been on this medication for at least 6 months with no documentation improvement in pain. The patient does not meet any indication for use of Neurontin and it is therefore not medically necessary.