

Case Number:	CM14-0147982		
Date Assigned:	09/15/2014	Date of Injury:	02/01/1999
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 59-year-old male who sustained an industrial injury on February 1, 1999. The mechanism of injury was a fall while lifting a mattress. The patient has covered body regions of the mid back, lumbar spine, right inguinal region, bilateral knees, and left ankle. The patient has been treated with pain medications including Mobic, gabapentin, Imitrex, Norco, and Percocet. The patient has a history of revision of left total knee arthroplasty on July 29, 2014. The disputed issue is a request for gabapentin. A utilization reviewer had looked at this case and noncertified this request. The rationale for the noncertification was that it was not clearly documented whether the patient is still taking Neurontin, and what pain relief and improvement in function resulted. A progress note on May 14, 2014 documented the patient be taking Neurontin, but then a progress note later on in August 2014 did not clearly state whether the patient was on Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Page(s): 16-18.

Decision rationale: The recent progress notes were reviewed and do not clearly document the effect that gabapentin is having for this worker. A progress note on date of service August 20, 2014 indicates that the patient is to continue Neurontin. The patient has sharp burning pain in the knee and has a history of failed left total knee arthroplasty. There is no specific documentation of the efficacy of Neurontin in this progress note. There is also a progress note on August 27, 2014 that document there is more numbness and tingling on the left leg since knee surgery on July 29, 2014. This physical examination indicated diminish light touch sensation in the left mid anterior thigh, left mid lateral calf, and left lateral ankle. The symptoms of sharp pain and signs of diminish light touch sensation are suggestive of nerve injury, and this could be considered and neuropathic pain. In fact, following many surgical procedures there can be the development of localized neuropathic pain. So although the indication may be appropriate, several notes in the recent past do not document the efficacy of Neurontin for this patient. The patient had inpatient rehabilitation unit following the revision of left knee replacement. The documentation on July 30, 2014 does not indicate what effect they Neurontin is having. Given this absence of documentation, this request is not medically necessary.