

Case Number:	CM14-0151358		
Date Assigned:	09/19/2014	Date of Injury:	10/25/1998
Decision Date:	10/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 Management, 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 a date of injury of October 25, 1998. A utilization review determination dated August 29, 2014 recommends noncertification for gabapentin. A progress report dated August 20, 2014 identifies subjective complaints of bilateral knee pain, left upper extremity pain, and neck pain. The note indicates that the use of Neurontin and tramadol decreased the patient's pain from 8/10 to 4/10 and allow for work duties and exercise. Additionally, they reduce numbness and cause no side effects. Objective examination findings identified decreased painful range of motion with myospasm. Diagnoses include cervical brachial syndrome, adhesive capsulitis of the shoulder, lateral epicondylitis, and degenerative joint disease of the knee. The treatment plan recommends tramadol, Neurontin, and acupuncture. The note goes on to indicate that the patient has chronic neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (neurontin) Page(s): 16-20, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the requesting physician has indicated that the current medication regimen reduces the patient's pain by 50%, allows for work duties and exercise, reduces numbness, and causes no side effects. The requesting physician has also stated that the patient has chronic neuropathic pain. The documentation supporting a diagnosis of neuropathic pain is fairly sparse. There is no documentation of subjective complaints of pain radiating into a dermatomal distribution or any objective examination findings supporting a diagnosis of neuropathic pain. However, the current request is for 1-2 months worth of medication. It seems reasonable to continue the medication at the current time due to the analgesic benefit, objective functional improvement, and lack of side effects, to allow the requesting physician time to better document the subject of complaints and objective findings corresponding with the diagnosis of "chronic neuropathic pain." As such, the currently requested gabapentin is medically necessary.