

Case Number:	CM14-0179235		
Date Assigned:	11/03/2014	Date of Injury:	09/21/2000
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 (IW) is a 45-year-old woman with a date of injury of September 21, 2000 when she slipped and fell. She is currently diagnosed with reflex sympathetic dystrophy (RSD) of the lower extremities; foot joint pain; depressive disorder; and anxiety. Pursuant to the progress note dated August 12, 2014, the IW complains of foot joint pain and RSD of the lower extremity. Physical examination reveals chronic right lower extremity hip to foot pain. The pain is described as an icy burn, and an intermittent hot burn as well as bone crushing pain. Present pain is rated 8-9/10, average pain is moderate rated 6-7/10. Associated symptoms include joint tenderness of the right knee, and right ankle joints. The IW has emotional stress secondary to pain, and physical stress secondary to pain. Heat and medications help alleviate the pain. Her current medication regimen includes: Neurontin 600mg, 5 tablets daily on a routine schedule for neuropathic pain, Tizanidine 2mg, as well as Zoloft 100mg for stabilization of pain related mood disorder. She has been weaning the Zoloft. She is currently at 50mg. Treatment plan recommendation include psychiatric referral to help with the weaning of her medications, and medication refills including Tizanidine 2mg # 60 with 5 refills, Zoloft 100mg # 90 with 5 refills, and Neurontin 600mg #450 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #450: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #450 tablets is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. The FDA does not recommend doses greater than 1800 mg per day as there is no additional benefit. In this case, the injured worker has neuropathic pain and Neurontin is indicated. The present dose of Neurontin is 600 mg five tablets per day (total 3000 mg per day). Although Neurontin is medically necessary for treatment of neuropathic pain, doses in excess of 1800 mg per day are not recommended by the FDA. Consequently, the request for Neurontin 600 mg #450 tablets is not medically necessary. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Neurontin 600 mg #450 tablets is not medically necessary.