

Case Number:	CM14-0027941		
Date Assigned:	06/16/2014	Date of Injury:	12/10/2013
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehab 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 32-year-old female who reported an injury on 12/10/2013 due to cumulative trauma. On 06/05/2014, the injured worker presented with pain in the bilateral arms especially the ulnar wrist, with the inability to tolerate prolonged use. Upon examination, there was a positive Tinel's sign over the volar/ulnar wrist bilaterally and tenderness over the volar forearm flexors. The diagnoses were bilateral median neuritis and flexor tendonitis. Medications include Neurontin. The provider recommended continued use of Neurontin 100 mg, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR NEURONTIN 100MG: 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 Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for 1 prescription of Neurontin 100 mg is non-certified. The California MTUS Guidelines state Neurontin has been shown to be effective for diabetic painful

neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. 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. The injured worker has been prescribed Neurontin since at least 04/2014, the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency or quantity of the medication in the request as submitted. As such, the request is non-certified.