

Case Number:	CM15-0115801		
Date Assigned:	06/23/2015	Date of Injury:	04/14/2009
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old male who sustained an industrial injury on 04/14/2009. Mechanism of injury was a trip and fall. Diagnoses include status post revision of right total knee replacement on 09/11/2014, status post revision of left total knee replacement, lumbar spondylosis, lumbar sprain, insomnia, weight gain, and rule out left ventricular failure. Treatment to date has included diagnostic studies, medications, status post left sided total knee replacement and revision on 05/22/2013, therapy, and home exercise program. An x ray of the right shoulder done on 04/30/2015 showed bilateral moderate glenohumeral degenerative changes, likely old post-traumatic deformity of the right mid to distal clavicle, and widening of the right acromioclavicular joint with minimal elevation of the distal clavicle indications of a prior separation type injury. A physician progress note dated 03/27/2015 documents the injured worker complains of right knee pain that is 7 out of 10 and left knee pain is 7-8 out of 10 with the help of medication he is functional and active in the activities of daily living. He ambulates with an analgesic gait, and uses a four-point cane. There is tenderness throughout the lumbar paravertebral, which is worse at L4-5 and L5-S1. He can barely flex to 50 degrees in forward flexion. Straight leg raise could not be conducted due to pain in knees. His left knee has restricted and painful range of motion. Cruciate function of the knee is intact with a negative anterior and posterior drawer sign and a negative Lachman maneuver. His right knee range of motion was not tested due to pain. There is edema on both the lower extremities on deep palpation on the tibia. The treatment plan includes refilling his Valium and Oxycodone, and he

is to follow up with his home exercise program and a follow up visit as needed. Treatment requested is for Neurontin 300 mg, 270 counts, provided March 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg, 270 count, provided March 27, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

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

Decision rationale: Regarding request for Gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy 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, there is no identification of neuropathic pain and any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested Gabapentin (Neurontin) is not medically necessary.