

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

4/2/2004

7/25/2013

CM13-0003316

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Neurontin **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Neurontin **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

“The patient is a 51 year old female with a date of injury of 4/2/2004. There is a prospective request for one MRI of the right knee and 1 prescription of Neurontin. The patient had bilateral knee symptoms with worsening right knee pain over the last 3 to 4 months. There was also increased stiffness in left knee. Examination showed mild diffuse swelling and restricted flexion of both knees. He had well-healed scars and post-operative changes on the left with calf atrophy. There was tenderness over the right lateral peripatellar region and patellofemoral crepitus. Treatment had consisted of pain medication, pain patches, home exercise, physical therapy, injections and 4 total knee arthroplasties.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/25/2013
- Utilization Review Determination from the [REDACTED]
- Employee medical records from the [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request 1 prescription of Neurontin:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), pages 16-20, 49 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 4/2/04 resulting in bilateral knee injury, although right knee more than left. The medical records provided for review indicate treatments have included pain medication, pain patches, home exercise, physical therapy, injections and 4 total knee arthroplasties. The request is for 1 prescription of Neurontin.

The MTUS Guidelines indicate that gabapentin (or Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The clinical notes, in this case, document the employee indicated upper extremity sensation to mid arm on the right in a nondermatomal distribution; otherwise, sensation was intact; also there was decreased sensation in the lower extremity specific to the surgical wound, and this is a common localized finding, found commonly in a post-op patient. The request for 1 prescription of Neurontin **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.