MAXIMUS Federal Services

Case Number:	CM14-0147252		
Date Assigned:	09/15/2014	Date of Injury:	05/24/2010
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family 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 patient is a 47 year-old woman who was injured at work on 5/24/2010. The injury was primarily to her upper extremities, shoulders and neck. She is requesting review of denial for the following laboratory tests: Liver Function and Renal Function Tests. Medical records are available for review and include the Primary Treating Physician's Progress Reports. The patient describes ongoing pain in her wrists, hands, and shoulders. Her chronic diagnoses include the following: Right wrist and hand tenosynovitis with right carpal tunnel syndrome; Left wrist and hand tenosynovitis with left carpal tunnel syndrome; Right middle finger triggering and locking; Right shoulder pain with impingement; Left shoulder pain with impingement; Right greater than left cervical strain; Secondary depression and anxiety due to pain. The patient's medication regimen includes: Neurontin 300mg 1-2 tablets BID. No other medications are listed on the last exam dated 7/21/2014. There is no documentation in the records regarding symptoms consistent with liver or renal dysfunction and no rationale provided in support of the need for these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WEB MED

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Page(s): 16-22.. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: epocrates.com

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs (AEDs) are recommended for the treatment of neuropathic pain. Neurontin (Gabapentin) is an AED and has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines indicate that there are specific dosing recommendations for Neurontin. Doses above 1800 mg/day have not demonstrated an additional benefit in clinical studies.Neurontin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. (Eisenberg, 2007) (Attal, 2006) Weight gain is also an adverse effect. Epocrates.com, also provides summary information on Neurontin. There are no black box warnings on this medication. Further, there are no statements for safety/monitoring, which require ongoing assessment of liver and renal function tests.In this case, Neurontin is appropriately prescribed for the treatment of neuropathic pain. The dosing of Neurontin is consistent with the MTUS guidelines. There is no documentation to indicate that the patient was having an untoward side effect from this medication. There are no other medications listed in the last report from the Primary Treating Physician. There is no documentation to suggest this patient has symptoms consistent with liver or renal dysfunction. Therefore, the request for Liver test is not considered as medically necessary.

Renal function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web med.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs, page 16-22.. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines states that Anti-epilepsy drugs (AEDs) are recommended for the treatment of neuropathic pain. Neurontin (Gabapentin) is an AED and has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines indicate that there are specific dosing recommendations for Neurontin. Doses above 1800 mg/day have not demonstrated an additional benefit in clinical studies. Neurontin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. (Eisenberg, 2007) (Attal, 2006) Weight gain is also an adverse effect. Epocrates.com, also provides summary information on Neurontin. There are no black box warnings on this medication. Further, there are no statements for safety/monitoring that require ongoing assessment of liver and renal function tests. In this case, Neurontin is appropriately prescribed for the treatment of neuropathic pain. The dosing of Neurontin is consistent with the MTUS guidelines. There is no documentation to indicate that

the patient was having an untoward side effect from this medication. There are no other medications listed in the last report from the Primary Treating Physician. There is no documentation to suggest this patient has symptoms consistent with liver or renal dysfunction. Therefore, the request for renal function test is not considered as medically necessary.