

Case Number:	CM13-0002952		
Date Assigned:	12/11/2013	Date of Injury:	08/04/2003
Decision Date:	01/23/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49-year-old with a date of injury of 08/04/2003. Patient has diagnoses of neuropathy of the bilateral upper extremities and cervical radiculopathy. Patient is status post cervical fusion (2005/2007). Consultative report dated 07/16/2013 by [REDACTED], states patient has considerable radiculopathy and neuropathy since his procedures. He presents with sensory deficits, weakness and pain bilaterally. He requests Neurotin 600mg, Elvail 25 mg, and an electronic muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Neurotonin, 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 18 - 19.

Decision rationale: The Physician Reviewer's decision rationale: It was noted that the patient did not tolerate Lyrica well. Gabapentin (Neurontin®®, Gabarone®ç, generic available) 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 request for one prescription of Neurotonin, 600mg, is medically necessary and reasonable.

One prescription of Elavil, 25mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Section Page(s): 13 - 15.

Decision rationale: The Physician Reviewer's decision rationale: Although guidelines do not directly refer to Elvail, it is an anti depressant recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The request for one prescription of Elavil, 25mg, is medically necessary and reasonable.

One electronic muscle stimulator unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Devices Section Page(s): 121.

Decision rationale: The Physician Reviewer's decision rationale: Neuromuscular electrical stimulation (NMES) devices are not recommended by Chronic Pain Medical Treatment Guidelines. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The request for one electronic muscle stimulator unit is not medically necessary or reasonable.