

Case Number:	CM13-0034261		
Date Assigned:	06/06/2014	Date of Injury:	04/25/2002
Decision Date:	08/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation 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 73-year-old female who reported an injury on 04/25/2002. Mechanism of injury was caused by being rear-ended by another automobile while she was at a stop sign, while on her way to drop off a resident at school was. On 09/16/2002 an MRI was done revealing a full thickness tear of the right shoulder. The injured worker was post-operative right shoulder rotator cuff repair on October of 2002. The injured worker complained of low back pain. The injured worker also stated that the pain radiated down to her lower extremities. The injured worker rated her pain at a 9/10 before medication and a 5/10 to 6/10 with medication. Physical examination dated 03/11/2014 revealed that the injured worker while walking had a significant limp. It was noted that she had difficulty getting up from a seated position. There was no range of motion or muscle strength testing documented on the report. Diagnostics include an MRI of the right shoulder done on 08/16/2002, an MRI of the lumbosacral spine done on 09/05/2002, and EMG/NCS studies. The injured worker has diagnoses of facet joint syndrome on the left side, right shoulder pain, prior history of right shoulder arthroscopic surgery, low back pain to the lumbar spine, and multilevel bilateral foraminal stenosis with L5-S1 right paracentral disc protrusion. Past medical treatment include acupuncture, physical therapy, chiropractic therapy, and medication therapy. Medications include Ultracet 37.5/325 mg 2 tablets 3 times a day and Neurontin 100 mg 2 times a day. The current medical treatment plan is for Neurontin 100 mg. The rationale submitted is that the injured worker is to continue medication in hopes that it will allow her to be functional. The request for authorization form was submitted 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 100MG #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 16, 49.

Decision rationale: The request for Neurontin 100 mg #270 is not medically necessary. The injured worker complained of low back pain. The injured worker rated her pain at 9/10 before medication and 5-6/10 with medication. The California MTUS guidelines indicate that Gabapentin (Neurontin) is 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. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. 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 Anti-epileptic drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Guidelines recommend for an adequate trial with gabapentin is 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dosage. If there is inadequate control of pain a switch to another first-line drug is recommended. According to the available documentation submitted, the injured worker had a history of neuropathic type pain of the left lower extremity; however, no radiating complaints were reported during the 03/11/2014 progress report. The progress note dated 03/12/2013 revealed that the injured worker had previously been on Neurontin 100 mg and there was only a 1 to 2 point difference in pain level. As it was noted that the injured worker was receiving some pain relief with the Neurontin, it was also noted that the injured worker was not able to tolerate the medication. The submitted report also lacked any adequate control of pain. Furthermore, the request for the Neurontin lacked the duration and frequency. As such, the request for Neurontin 100 MG #270 not medically necessary.