

<b>Case Number:</b>	CM13-0048094		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/2004
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery 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 records presented for review indicate a diagnosis of chronic neck pain, chronic low back pain, as well as shoulder pain. The pain levels are noted to be 8/10. The physical examination identified a decrease in range of motion to both the cervical and lumbar spine. A decreased sensation in a C7 nerve root is also reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NEURONTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS).

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

**Decision rationale:** Neurontin is a medication indicated for neuropathic pain. It is well-established in the progress note that the pain generator is the cervical spine, lumbar spine and shoulder. There is no specific objective occasion of a neuropathic lesion. Furthermore, noting the chronic use the lack of efficacy would also support finding a different medication to address the symptomology. There is no noted painful diabetic neuropathy or postherpetic neuralgia identified

in this case. As such, there is no clinical data presented to support the continued use of this medication.

**PRESCRIPTION OF OXYCONTIN 30MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80.

**Decision rationale:** When noting the multiple narcotic medications being employed, the failure to note any significant improvement in the overall symptomology, the findings on the most recent physical examination and the previous determination that discontinuance with a weaning protocol identified clearly indicate there is no clinical indication for this preparation.