

Case Number:	CM13-0070838		
Date Assigned:	01/08/2014	Date of Injury:	02/24/2003
Decision Date:	08/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 56-year-old female employee with date of injury of 2/14/2003. A review of the medical records indicate that the patient is undergoing treatment for cervical musculoligamentous sprain/strain; bilateral upper extremity radiculitis and 2-3mm disk bulges at C5-6 and C6-7 and a 3-4mm disk bulge at C7-T1 with mild central canal stenosis at C5-T1; bilateral wrist/forearm tendonitis DeQuervain's Tenosynovitis and left carpal tunnel syndrome with history of right carpal tunnel release (2008). Subjective complaints include a stiff neck with ongoing pain. Objective findings include palpatory tenderness in the cervical spine with slight spasm in upper/back/neck, positive axial compression test. Ranges of motion in the cervical spine were as follows: flexion 30 degrees, extension 23 degrees, right rotation 55 degrees, left rotation 55 degrees, right side bending 25 degrees and left side bending 22 degrees. Treatment has included Ultram, Restoril, Neurontin, home exercise, request home traction unit, psychotherapy, prior chiropractic and physical therapy. The utilization review dated 12/17/2013 is conditionally non-certified for 1 prescription of Neurontin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NEURONTIN 600MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: The MTUS considers Gabapentin (Neurontin) as a first-line treatment for neuropathic pain. An initial trial of gabapentin appears to be appropriate based on MTUS guidelines. The treating physician has not documented evidence of functional improvement or a decrease in pain related to the use of Neurontin. As such the request for OF NEURONTIN 600MG, #60 is not medically necessary at this time.