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| Case Number: | CM14-0105283 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 03/08/2012 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 06/14/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Internal 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 injured worker (IW) is a 63-year-old woman with a date of injury of March 8, 2012. The IW was sitting on a chair when she fell on her left side, causing injury to her left shoulder and left elbow. The IW underwent left rotator cuff repair on November 2, 2012, and DVT surgery on November 8, 2012. Pursuant to the progress noted dated July 2, 2014 the IW complains of left lower extremity pain, left shoulder pain and left elbow pain. The pain has remained unchanged since last visit. She reports that the Neurontin 600mg tablet is large and difficult to swallow, so she would like to go back to the capsule. Objective findings include left shoulder movements restricted due to pain. Hawkins' test is positive. Neer test is positive. Tenderness was noted in the subdeltoid bursa. The IW complained of left elbow and left hip tenderness as well. On sensory examination, light touch sensation was decreased over the 4th and 5th digits (ulnar nerve) and L5 and S1 dermatomes on the left. Deep tendon reflexes were normal and equal on both sides. The IW was diagnosed with chronic venous embolism and thrombosis of deep vessels of proximal lower extremity; shoulder pain; lateral epicondylitis; and dizziness and giddiness. Treatment plan recommendations include: Continue Norco #150/month as needed for pain. Continue Neurontin at current dose, but will change 600mg tablets to 2-300mg tablets TID, as the 600mg tablet is too difficult to swallow. The IW has been on Neurontin since at least December of 2013. A request will be made for physical therapy to transition to home exercise program. The provider documents that medications must be authorized, as they are minimal and help the IW function. There was no documentation of objective functional improvement on the current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (gabapentin) 600 mg #90 is not medically necessary. The Official Disability Guidelines recommend gabapentin for some neuropathic pain conditions and fibromyalgia. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Follow-up examinations need to determine whether or not there is objective functional improvement. In this case, injured worker was taking gabapentin (Neurontin) since December 2013. A review of the medical record starting in the March 2014 shows the subjective complaints were stated as "pain level has remained unchanged since last visit. No new problems or side effects". The progress notes remained essentially unchanged with no new symptoms and the pain level remained unchanged. The diagnoses were left shoulder pain; left upper extremity pain; and left leg swelling status post DVT. There are no objective findings in the record indicating improvement/functional improvement with Neurontin starting in March 2014 through September 2014. Motor examination indicated 5/5 strength. Consequently, based on the deficient objective entries in the medical record relating to functional improvement, Neurontin 600mg #90 is not medically necessary.