

Case Number:	CM14-0105420		
Date Assigned:	07/30/2014	Date of Injury:	01/13/2003
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male who has a date of injury of 01/13/2003. The mechanism of injury is not described. The records reflect that the injured worker has chronic cervical pain with radiation to the shoulders with a diagnosis of cervicgia. Per clinical note dated 06/13/14, the injured worker continues to have pain in his neck and shoulders. His pain level is reported to be 6-7/10 with medications. He is able to complete home exercise program, complete ADLs, travel to visit family, walk one mile, sit 10-15 minutes. It is reported that Neurontin is helpful to control nerve pain. Valium is to assist in control of spasm, Percocet to control pain. Without medication his pain level is 10/10. He is reported to be unable to function or leave home. He reports no side effects from medications and he has no abusive behaviors present. On physical examination he is noted to be awake, alert and orientated. He is seated comfortably in a chair. He transfers without assistance or guarding. He ambulates with a stiff antalgic gait due to right side pain. He has functional range of motion of the upper extremities and strength is reported to be 4/5 on the left arm and 5/5 on the right. Reflexes are 2/4 bilaterally in the forearm and wrist. He is noted to be tender in the cervical spinous process and myofascial tissues of the neck, left greater than right. The record includes a utilization review determination dated 06/18/14 in which requests for Neurontin 800 mg #120 and Valium 5 mg #120 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Neurontin 800 mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic cervical pain. The records fail to provide a detailed examination which clearly establishes the presence of an active cervical radiculopathy for which this medication would be clinically indicated. In the absence of objective findings or electrodiagnostic evidence of a cervical radiculopathy, the request is not medically necessary.

Valium 5mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium 5 mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic cervical pain. His most recent physical examination does not identify the presence of any active myospasm, and the records fail to provide a diagnosis that would warrant the use of this medication. As such, the request is not medically necessary.