

Case Number:	CM14-0107575		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2013
Decision Date:	10/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 49 year old female presenting with chronic pain following a work related injury on 08/30/2013. The claimant complained of low back, bilateral and right shoulder pain. The claimant was diagnosed with right rotator cuff tear and impingement syndrome, status post right shoulder arthroscopic surgery on 04/04/14, right shoulder sprain/strain, lumbosacral sprain/strain and lumbosacral radiculopathy. MRI of the lumbar spine on 02/07/2014 showed L1-2 disc bulge and L3-4 disc bulge. Right shoulder MRI on 02/18/2014 showed focal tear of the supraspinatus tendon. The physical exam on 06/03/2014 showed tender right shoulder, positive empty can, Hawkins and Neer's tests as well as impingement sign. The claimant had post-operative physical therapy. The claimant's medications included Amrix, Gabapentin, Neurontin (different dose than gabapentin), Daypro, Norco, Vicodin, Omeprazole, diclofenac and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 17-19.

Decision rationale: Neurontin 100mg #90 with one refill is not medically necessary. CA MTUS pages 17-19 indicate this is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The claimant was not diagnosed with Neuropathic pain; therefore, the requested medication is not medically necessary.