

<b>Case Number:</b>	CM14-0159830		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/02/1999
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pain Management 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 is a 45-year-old male who sustained work-related injuries on July 2, 1999. Per May 8, 2014 records, the injured worker reported flare-up of pain in the neck, shoulders and forearms. He also reported that therapy has been helpful in identifying postural issues which led to problems. He also reported recurrent pain in the left foot after prior successful resection. Objectively, there was dorsal extensor tenderness of the forearms as well as anterior scalene bilateral tenderness. Tenderness was also noted over the ulnar nerves. Most recent records dated September 11, 2014 the injured worker returned to his provider and reported bilateral dorsal forearm pain after prolonged writing or keying. He also continued to work with his physical therapist to address lower extremity and trunk symptoms. Objectively, tenderness was noted over the extensor muscles bilaterally. There was mild tenderness was noted over the ulnar nerve at the cubital tunnels. He is diagnosed with (a) thoracic outlet neuritis, (b) bilateral ulnar neuritis, and (c) bilateral foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg:** 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 Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** According to evidence-based guidelines, Neurontin (gabapentin) is an anti epilepsy drug and is considered as a first-line treatment for neuropathic pain. In this case, the injured worker is noted to be experiencing bilateral dorsal forearm pain with tenderness over the extensor muscles and ulnar nerve at the cubital tunnels. These clinical symptoms indicate that the injured worker is experiencing neuropathic type of pain. However, as with any other medication, evidence-based guidelines indicate that the injured worker/injured worker should be asked at each visit as to whether there has been a change in pain or function. The injured worker experienced a flare-up of his pain on May 8, 2014 where Neurontin 300mg was provided. However, there is no indication of any objective findings (e.g. pain scores) that can be used to determine if there is change with pain levels. Moreover, there are no functional improvements documented in line with the prescription of Neurontin. Therefore, the request is not medically necessary.

**Celebrex (100-200mg with 2-refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** Anti-inflammatory medications are considered traditional first line of treatment in order to reduce pain so activity and functional restoration can resume but long-term use may not be warranted. In this case, the injured worker is noted to have experienced flare-up of pain and symptoms in May 2014 however most recent records do not indicate any objective findings that can be used to compare previous pain levels to the most current one (e.g. pain scores). There is no documented functional or objective improvements secondary to the utilization of Celebrex. In addition, long-term usage is not supported. Therefore, the request is not medically necessary.