

Case Number:	CM14-0160806		
Date Assigned:	10/16/2014	Date of Injury:	10/31/2012
Decision Date:	12/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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:

This is a 56-year-old male with a 10/31/12 date of injury, when he fell off of a 10 feet high platform. The reviewer's note dated 9/8/14 indicated that the patient was seen on 8/26/14 with complaints of pain in the cervical and lumbar spine with some numbness in the right leg and the right hand. Exam findings revealed positive Spurling's test on the right, positive straight leg raising test and decreased sensation in the right foot and the right hand. There was decreased strength and reflexes in the bilateral upper and lower extremities. The diagnosis is chronic myofascial pain syndrome, chronic cervical and lumbar spine strain, chronic right cervical and lumbar radiculopathy, traumatic brain injury, chronic right eye problem and rib fracture. Treatment to date: left wrist surgery, work restriction, acupuncture, psychotherapy and medications. An adverse determination was received on 9/8/14 for a lack of documentation of neuropathic condition and that the patient was using over the counter topical gels/ointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Neurontin (gabapentin) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However it is not clear for how long the patient was utilizing Neurontin and there is a lack of documentation with subjective and objective functional gains from prior use. In addition, there is a lack of documentation indicating that the patient suffered from diabetic painful neuropathy or postherpetic neuralgia. Lastly, there is no rationale with regards to the necessity for Neurontin for the patient. Therefore, the request for Neurontin 600mg #100 was not medically necessary.

Menthoderm gel 120gm #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Mentoderm has the same formulation of over-the-counter products such as Ben Gay. It has not been established that there is any necessity for this specific brand name. In addition, it is not clear for how long the patient was utilizing Mentoderm gel and there is a lack of documentation indicating subjective and objective functional gains from prior use. Lastly, there is no rationale with regards to the necessity for Mentoderm gel. Therefore, the request for Mentoderm gel 120gm #2 bottles was not medically necessary.