

Case Number:	CM14-0162331		
Date Assigned:	10/07/2014	Date of Injury:	07/06/2009
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 year old with an injury date on 7/6/09. Patient complains of cervical pain rated 7/10, lower lumbar pain rated 7/10 with radicular pain affecting right lower extremity, bilateral hip pain rated 2/10, and bilateral shoulder pain per 9/12/14 report. Patient currently takes Norco twice daily and Neurontin once daily which relieves his pain from 7/10 to 4/10 per 9/12/14 report. Based on the 9/12/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder rotator cuff syndrome, s/p arthroscopy 2. right shoulder painful rotator cuff tear 3. right shoulder acromioclavicular arthrosis, s/p distal clavicular excision Exam on 9/12/14 showed C-spine full except bilateral rotation limited. Right shoulder range of motion full except limited abduction/internal rotation. L-spine range of motion limited in flexion/bilateral rotation. Patient's treatment history includes physical therapy, medications (diclofenac/lidocaine, norco, neurontin). [REDACTED] is requesting neurontin (gabapentin 100mg SB) #30, 1-2 capsules at bedtime as directed (unspecified day supply) for the management of symptoms related to cervical lumbar, bilateral shoulder and bilateral hip injury. The utilization review determination being challenged is dated 9/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/21/14 to 10/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (Gabapentin 100mg SR) #30, 1-2 capsules at bedtime as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-20, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: This patient presents with neck pain, lower back pain, right leg pain, bilateral hip pain, and bilateral shoulder pain. The treater has asked for neurontin (gabapentin 100mg SB) #30, 1-2 capsules at bedtime as directed (unspecified day supply) for the management of symptoms related to cervical lumbar, bilateral shoulder and bilateral hip injury on 9/12/14. It is not known how long patient has been taking Neurontin, but in 7/18/14 report, treater states "neurontin is helping with radicular pain in right lower extremity." Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has had some benefit from using neurontin for nearly 2 months, but there is no documentation of improvement of function, or a pain relief of at least 30%. The requested Neurontin is not indicated at this time and therefore, is not medically necessary.