

Case Number:	CM14-0022557		
Date Assigned:	05/07/2014	Date of Injury:	09/23/2005
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 09/23/2005. The reference diagnosis is brachial neuritis/radiculitis. The treating diagnoses include lumbar radiculopathy, neck pain, narcotic dependence, chronic pain syndrome, neuropathic pain, insomnia, anxiety, and depression. On 01/14/2014, the treating physician saw the patient in follow up. The patient reported neck pain like someone pinching his neck. The patient reported that his pain had flared up about 6 weeks previously when he yawned, and the patient reported that he had about 40% relief of his neuropathic pain with gabapentin. The treating physician notes that a prior physician review had denied Neurontin because there was no mention of neuropathic pain; the treating physician clarified that the patient has clearly neuropathic pain for reasons including cervical and lumbar radiculopathy and that perhaps this was not mentioned in some notes because the medication had been working well. The treating physician also noted that the patient never had acupuncture, and therefore he recommended eight visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NEURONTIN 600MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEURONTIN (GABAPENTIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Medication Page(s): 17.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred. The medical records in this case are limited and not verifiable in terms of the specific functional improvement and other benefits from Neurontin previously. It may be an option for the treating physician to submit a new request clarifying specifically objective and verifiable functional improvement consistent with the Medical Treatment Utilization Schedule. At this time, the medical records do not clearly support a benefit from this treatment. This request is not medically necessary.

EIGHT (8) ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines FREQUENCY AND DURATION.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule for Acupuncture states that acupuncture may be used as an adjunct to hasten functional recovery. This guideline recommends up to six initial acupuncture treatment visits. The current request, therefore, exceeds the number of visits recommended for initial acupuncture treatment. A rationale for an exception is not provided. This request is not medically necessary.