

<b>Case Number:</b>	CM14-0033419		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Neurological Surgery 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 46-year-old female injured on October 29, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 19, 2014, indicated that there were ongoing complaints of neck and bilateral upper extremity pains. The pain level was described at 7/10. The physical examination demonstrated a well-groomed, well-developed and well-nourished individual in no acute distress. A decrease in cervical spine range of motion was reported. There was tenderness to palpation and tenderness over the facet joints. Limitation to the temporomandibular joint range of motion was also reported. Strength was noted to be 5/5. Diagnostic imaging studies reportedly objectified multiple level degenerative changes; however, the actual radiology reports were not presented. Previous treatment was not listed in the single progress note made available for review. A request had been made for additional physical therapy and the medication Neurontin and was not certified in the pre-authorization process on March 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) TOTAL PHYSICAL THERAPY TREATMENTS BETWEEN 2/19/2013 AND 4/12/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** From the documentation submitted for review, it is noted that there is a lack of indication of the mechanism of injury. From the findings of a physical examination, there was no clinical indication to support additional physical therapy at this time. At most, a home exercise protocol is all that would be supported as outlined in the ACOEM guidelines. Therefore, the request for twelve total physical therapy treatments is not medically necessary.

**SIXTY (60) NEURONTIN 300MG BETWEEN 2/19/2013 AND 4/12/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** As outlined in the MTUS guidelines, Neurontin has shown to be effective in the treatment of diabetic painful neuropathy, post-herpetic neuralgia and neuropathic pain. In this case, there was no objectification of a neuropathic lesion. If anything, the findings on MRI (magnetic resonance imaging) noted a nociceptive malady. Therefore, when taking the consideration the parameters outlined in the MTUS guidelines and by the clinical documentation (physical examination and the relative lack of efficacy noted in the progress notes), this medication is not clinically indicated. As such, the request for sixty Neurontin 300mg is not medically necessary.