

Case Number:	CM14-0034315		
Date Assigned:	06/20/2014	Date of Injury:	03/17/2011
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 54-year-old female who was reportedly injured on 17 March 2011. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note dated February 17, 2014, indicated that there were ongoing complaints of left shoulder pain, neck pain, upper back pain, headaches, depression, anxiety and insomnia. The physical examination demonstrated decreased cervical spine range of motion with tenderness over the spinous processes from C3 through C7. There was tenderness of the left supraspinatus, as well as a positive Neer's and Speed's test of the left shoulder. There was muscle tension along the thoracic paravertebral muscles. Trigger point injections were recommended. Diagnostic imaging studies were not reviewed during this visit. A request was made for Neurontin and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines consider\ gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no evidence that the injured employee has any neuropathic pain nor were any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.