

Case Number:	CM14-0040560		
Date Assigned:	06/20/2014	Date of Injury:	11/06/2004
Decision Date:	08/11/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on 11/6/2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/18/2014, indicated that there were ongoing complaints of neck pain, low back pain, bilateral hand and wrist pain, bilateral hand numbness. In a physical examination the cervical spine demonstrated decreased range of motion, positive pain, positive spasms, and positive facet tenderness to palpation. The lumbar spine demonstrated limited range of motion and muscle spasms. The patient had positive Lasegue's sign on the left, trochanter bursitis on the left, a positive straight leg raise on the left at 70 and tenderness to palpation over the facet joints. She also had pain with flexion/extension and pain radiating to bilateral legs left greater than right. No recent diagnostic studies were available for review. Previous treatment included previous surgeries, physical therapy, lumbar facet blocks, cortisone injection medications and physical therapy. A request had been made for Neurontin 600 mg #180 and was not certified in the pre-authorization process on 3/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 600 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Neurontin. Decision based on Non-MTUS Citation Backonja, 2002; Eisenberg, 2007.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was evidence of neuropathic and radicular pain on examination. After review of the medical documentation provided, the injured worker has consumed this medication for a significant time now, but there was no documentation concerning the benefits of this medication to include reduction in pain/radiculopathy as well as improvement in function. Therefore, the request for continued use of this medication is deemed not medically necessary.