

Case Number:	CM14-0043581		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2012
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 50-year-old male who reported an injury after a picker collision on 10/10/2012. The clinical note dated 03/18/2014 indicated diagnoses of chronic neck pain and low back pain with associated radiculopathy status post the work-related injury. The injured worker reported neck, mid back and shoulder pain. The injured worker reported an aggravation of his pain. The injured worker reported numbness intermittently of the hand. The injured worker reported that he had had chiropractic treatment in the past with some alleviation of his pain. The injured worker reported neck pain as well as shoulder pain. On the physical exam of the cervical spine, there was tenderness to the bilateral paraspinals. There was a palpable twitch; positive trigger points were noted in the muscles of the head and neck. The injured worker's range of motion was decreased. The injured worker had pain with the neck flexed anteriorly; and in extension, there was pain noted. The injured worker had pain with left lateral and right lateral rotation. Examination of the lumbar spine revealed tenderness of the lumbar facets with pain on both sides at L3-S1 with a palpable twitch; positive trigger points were noted in the lumbar paraspinal muscles. The injured worker's gait appeared to be antalgic. Range of motion was decreased. There was pain noted with lumbar extension. The injured worker had increased pain with shoulder range of motion and limited range of motion with all motions of the arc of the shoulder range of motion. The injured worker's Neer's and Hawkins tests were positive. The treatment plan included overhead activities, Mobic and Terocin patch prescriptions and a urine drug screen. The prior treatments included chiropractic therapy, diagnostic imaging and medication management. The medication regimen included Flexeril, Vicodin, Duexis, Neurontin, Norco and Robaxin. The provider submitted a request for Neurontin. A Request for Authorization was not submitted for review to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg, one tablet at night: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS guidelines recognize Gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There was a lack of documentation of efficacy in functional improvement with the use of this medication. In addition, there was a lack of a qualified pain assessment. Moreover, the request for Neurontin indicates 100 mg, 100's. Clarification is warranted. Additionally, the request did not indicate a frequency or quantity. Furthermore, it was not indicated as to how long the injured worker had been utilizing this medication. In addition, the documentation submitted did not indicate that the injured worker had findings that would support that he was at risk for diabetic painful neuropathy or postherpetic neuralgia or neuropathic pain. Therefore, this request is not medically necessary.