

Case Number:	CM14-0049310		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2009
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 47-year-old female who was reportedly injured on July 1, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 10, 2013, indicates that there are ongoing complaints of pain in the right trapezial region and numbness and spasms of the right forearm. Symptoms were stated to improve with medications and home exercise. The physical examination demonstrated trigger points of the right trapezius and decreased range of motion of the cervical spine. The remainder of the physical examination is difficult to read. The treatment plan included trigger point injections. Flexeril and Voltaren were prescribed and the urine drug screen was performed. Previous treatment includes trigger point injections. A request was made for Neurontin 600 mg TID to wean off and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg TID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page(s): 16 of 127.

Decision rationale: Neurontin is an anti-epilepsy medication indicated for treatment of neuropathic pain. According to the medical record, there are no complaints of neuropathic pain stated by the injured employee nor is there objective evidence of a neuropathy found on physical examination. Without proper justification, this request for continued usage of Neurontin is not medically necessary.