

Case Number:	CM14-0058321		
Date Assigned:	07/09/2014	Date of Injury:	12/03/2009
Decision Date:	08/21/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

A 59-year-old male who reported an injury on 12/03/2009 secondary to an unknown mechanism of injury. The injured worker was evaluated on 04/15/2014 for reports of left knee, right wrist, neck, low back, bilateral shoulder, and posterior knee pain. The exam noted the patient reported dull, sharp, and stabbing pain to the low back. The cervical spine range of motion was noted to be at 40 degrees for flexion and extension, 30 degrees for right lateral flexion, 25 degrees for left lateral flexion, and 50 degrees for bilateral rotation. The lumbar spine range of motion was noted to be at 40 degrees for flexion, 15 degrees for extension and right lateral bending and 20 degrees for left lateral bending. The patient was noted to have decreased range of motion at 130 degrees in all planes for the shoulder. Cervical spine tenderness was noted with hypertonicity in the cervical region and myofascial trigger points. The wrists were noted to be tender upon inspection and examination. Tenderness to the lumbar region was noted with hypertonicity on both sides. Trigger points were present. A positive Kemp's sign was noted bilaterally. The thoracic spine revealed tenderness bilaterally with hypertonicity in the thoracic region bilaterally. The diagnoses included bilateral wrist surgery, cervical herniated disc, thoracalgia, lumbar herniated disc, probable post-traumatic hypertension, shoulder tenosynovitis, status post left knee surgery, and posttraumatic anxiety and depression. Treatment plan included a prescription for gabapentin for neuropathic pain. The request for authorization was not provided. The rationale for the request was for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (gabapentin) 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for Neurontin (gabapentin) 600 mg #120 is non-certified. The California MTUS Guidelines may recommend gabapentin for the treatment of neuropathic pain. Although the injured worker does report neuropathic pain, and reports relief with medications, the specific frequency being prescribed was not included in the request. Therefore, due to the lack of frequency being included with the request, the request for Neurontin (gabapentin) 600 mg #120 is non-certified.