

Case Number:	CM14-0066842		
Date Assigned:	07/11/2014	Date of Injury:	06/07/2002
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 50-year-old individual was reportedly injured on 6/7/2002. The mechanism of injury was noted as cumulative repetitive injury. The most recent progress note, dated 3/27/2014, indicated that there were ongoing complaints of neck pain, bilateral shoulder pain, and lower back pain that radiated down bilateral lower extremities. The physical examination demonstrated cervical spine positive tenderness to palpation, positive muscle spasm noted, and decreased range of motion. There was also positive facet tenderness and well-healed surgical scar anteriorly. Radiculopathy bilaterally was at C6-C7. Decreased sensation at C5-C7. Tenderness to palpation over the cervical and trapezius ridge. Bilateral shoulders had positive painful range of motion, limited range of motion and positive tenderness to palpation over the AC joint. Lumbar spine had positive muscle spasm noted, limited and painful range of motion, positive Lasegue's test bilaterally, positive straight leg raise bilaterally at , decreased sensation on the left at L4-L5 and L5-S1 and pain on the left at the same distribution, and increased tenderness to palpation over the lumbar paraspinal muscles. Left knee had positive McMurray's test, positive Apley's grind, and positive patellofemoral crepitation, and positive tenderness to palpation over the joint line. Diagnostic imaging studies included EMG/NCS of the bilateral upper extremities, dated 3/11/2014, which revealed normal study. Previous treatment included multiple surgeries to include neck surgery, low back surgery, bilateral carpal tunnel release and left shoulder surgery. Treatment also included medications and conservative treatment. A request had been made for Neurontin 600 mg #13 and was not certified in the pre-authorization process on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotin 600mg #13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-epilepsy drugs.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines consider gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence that the injured employee had any neuropathic pain as well as radicular symptoms noted on physical examination. However, there has been no documentation in improvement over the past several months from the use of this medication. Therefore, this request for continued use of Neurontin is not medically necessary.