

Case Number:	CM14-0067195		
Date Assigned:	07/11/2014	Date of Injury:	11/17/2008
Decision Date:	11/26/2014	UR Denial Date:	04/15/2014
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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of November 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier shoulder surgery; a cane; corticosteroid injection therapy for the shoulder; and extensive periods of time off of work. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for Neurontin and partially approved/conditionally approved the request for Norco, reportedly for weaning purposes. The applicant's attorney subsequently appealed. In an October 10, 2013 progress note, the applicant reported ongoing complaints of neck, shoulder, arm, and low back pain. The applicant was placed off of work, on total temporary disability. The applicant's pain complaints were worsened. The applicant received a shoulder corticosteroid injection. Norco was endorsed on the grounds that the applicant could not tolerate Ultram. On November 20, 2013, applicant was again placed off of work, on total temporary disability. In a January 23, 2014 progress note, the applicant was asked to continue Norco and Neurontin. It was stated that the applicant had a "poor prognosis." The applicant was described as feeling overall worse. The applicant was asked to continue permanent work restrictions imposed by a Medical-legal evaluator. The applicant did not appear to be working with said limitations in place. In a March 5, 2014 progress note, the applicant again reported ongoing complaints of neck and shoulder pain. It was again stated that the applicant had a "poor prognosis." The applicant was asked to continue Norco and Neurontin. A shoulder corticosteroid injection was performed. The applicant was described as feeling worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Neurontin usage. The applicant is consistently described as feeling worse from visit to visit, despite ongoing usage of Neurontin (Gabapentin). Ongoing usage of Gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.