

Case Number:	CM14-0093042		
Date Assigned:	07/25/2014	Date of Injury:	10/12/2011
Decision Date:	10/01/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old with an injury date on 10/12/11. Patient complains of worsening left-sided neck pain, radiating down left shoulder/arm with numbness/tingling especially when turning to the left per 5/22/14 report. Patient has tried Norco, Tylenol, Motrin, and Voltaren gel which did not help per 5/22/14 report. Based on the 5/22/14 progress report provided by [REDACTED] the diagnoses are, neck pain with cervical spondylosis, left upper extremity paresthesia, rule out cervical radiculopathy and left scapular area and upper trapezius strain Exam on 5/22/14 showed "C-spine range of motion limited to 15-20 degrees with complaint pain down left arm. Upper extremity range of motion is full." [REDACTED] is requesting Neurontin 100mg TID #60 and lotion with capsaicin and menthol 3 tubes. The utilization review determination being challenged is dated 6/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/22/14 to 6/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg TID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants.

Decision rationale: This patient presents with neck pain radiating down left shoulder/arm. The physician has asked for Neurontin 100mg TID #60 on 5/22/14. Regarding anti-consultants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has been taking Neurontin for an unknown period of time, but there is no documentation of improvement in pain and function in relation to its use. MTUS pg. 60 states physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested Neurontin 100mg TID #60 is not indicated at this time. Therefore the request is not medically necessary.

Lotion with Capsaicin and Menthol 3 Tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Updated 04/10/2014, Compound Drugs, Criteria for Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Page(s): 111-113.

Decision rationale: This patient presents with neck pain radiating down left shoulder/arm. The physician has asked for lotion with capsaicin and menthol 3 tubes on 5/22/14. Regarding topical analgesics, MTUS states that it is largely experimental and primarily recommended for neuropathic pain when other medications have failed. Capsaicin at 0.025% concentration is supported for chronic pain conditions. MTUS page 60 also requires documentation of pain and function when medications are used for chronic pain. In this case, there is not documentation of pain and function with the use of capsaicin lotion, how it is used, how often and with what effectiveness. Therefore the request is not medically necessary.