

Case Number:	CM14-0008264		
Date Assigned:	03/27/2015	Date of Injury:	06/15/1999
Decision Date:	05/01/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female with an industrial injury dated 06/15/1999. Her diagnoses included occipital neuralgia, cervical radiculopathy, myofascial pain syndrome and right shoulder impingement syndrome. She has been treated with medications, home exercise program, moist heat and stretches. In progress note dated 01/06/2014 she presents with cervical and low back pain. She had not been able to get medications of Celebrex or Neurontin which had increased her pain. Physical exam revealed diffuse tenderness of cervical area and lumbar spine. The physician noted the injured worker was suffering from chronic pain conditions over the right shoulder and needed the Celebrex and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper extremity. The request is for NEURONTIN 100MG #60. Per 01/06/14 progress report, the patient is taking Celebrex, Neurontin, Lipitor, Sumatriptan, Ondansertron, Nexium and Lexapro. The patient is not working. MTUS guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone", generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been utilizing Neurontin since at least 09/10/13. The treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS require documentation of at least 30% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The requested Neurontin IS NOT medically necessary.