

Case Number:	CM15-0002061		
Date Assigned:	01/13/2015	Date of Injury:	11/22/2009
Decision Date:	03/16/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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 a 61-year-old male who reported an injury on 11/22/2009. The mechanism of injury was not provided. His diagnoses include carpal tunnel syndrome and bilateral shoulder pain. Past treatments were noted to include medications, therapy and surgery. On 11/13/2014, it was noted the injured worker received pain relief from the Butrans patch to the shoulder. There are no objective findings on physical examination. Relevant medications were noted to include Neurontin and Butrans. The treatment plan was noted to include Butrans and Neurontin. A request was received for Butrans 10 mcg #4 and Neurontin 100 mg #90 without a rationale. The Request for Authorization was signed on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications, Treatment of Opiate Agonist Dependence.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. The clinical documentation submitted for review indicated the injured worker obtained relief from the Butrans patch to the shoulder; however, it was not indicated specifically how this medication benefited him and it was not reported that he had tried and failed antidepressants and anticonvulsants. Consequently, the request is not supported. Additionally, the request does not specify which body region this is to be applied to, frequency and duration of use. As such, the request for Butrans 10 mcg #40 is not medically necessary.

Neurontin 100 mg #90: 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 (AEDs) Page(s): 16-18.

Decision rationale: The request for Neurontin 100 mg #90 is not medically necessary. According to the California MTUS Guidelines, gabapentin is an anticonvulsant indicated to treat diabetic painful neuropathy and postherpetic neuralgia. The clinical documentation submitted for review did not indicate the efficacy of this medication nor that the injured worker had diabetic painful neuropathy or postherpetic neuralgia. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Neurontin 100 mg #90 is not medically necessary.