

Case Number:	CM15-0101956		
Date Assigned:	06/04/2015	Date of Injury:	12/11/2012
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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 57 year old female who sustained an industrial injury on 12/11/12. The injured worker was diagnosed as having cervical pain, cervical strain, left wrist pain and radial styloid tenosynovitis. Currently, the injured worker was with complaints of neck pain, left thumb pain and headaches. Previous treatments included radiofrequency ablation, medication management and chiropractic treatments. The injured workers pain level was noted as 6/10 without medication and 3/10 with medication. Previous diagnostic studies included a magnetic resonance imaging significant for facet arthropathy. Physical examination was notable for cervical spine restricted range of motion limited by pain, tenderness noted to the trapezius, shoulder movements with restricted range of motion due to pain and no tenderness to palpation, left wrist tenderness to palpation over radial side. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg, capsule one three (3) times per day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

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

Decision rationale: The patient presents with neck pain and headache rated 3/10 with and 6/10 without medication. The request is for NEURONTIN 100MG, CAPSULE ONE THREE (3) TIMES PER DAY, #90. The request for authorization is dated 05/08/15. Patient is status-post MBB, 02/21/15, with reported improved ROM and reduced headache. Pain level reduced from 4/10 to 2/10 after, which equates to over 70% pain relief. Physical examination of the cervical spine reveals hypertonicity, spasm and tenderness over the paravertebral muscles. Tenderness is noted at the trapezius. Range of motion is restricted and limited by pain. Patient received 5 sessions of chiropractic care and felt she had some pain relief and was able to take less pain medications. Patient reports increased anxiety and sleep disturbance related to adjustment issues with her injury. Patient's medications include Neurontin, Pristiq, Trazodone, Tylenol, Norco, Lyrica and Prilosec. Per progress report dated 05/07/15, the patient is on modified duty. MTUS has the following regarding Gabapentin on pg 18, 19: "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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The patient is prescribed Neurontin since at least 12/18/14. The treater has documented the patient reports a pain reduction from 6/10 to 3/10 with use of medication. However, per progress report dated 05/07/15, treater states, "D/C Neurontin 100mg, she reports that she is unable to tolerate, he states this makes her feel drowsy and note cognitive effects such as confusion with use even at 100mg." In this case, it appears the patient is not tolerating the Neurontin very well with a decrease in function. Therefore, the request IS NOT medically necessary.