

Case Number:	CM15-0107311		
Date Assigned:	06/11/2015	Date of Injury:	01/12/2010
Decision Date:	07/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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: Emergency Medicine

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 56 year old female, who sustained an industrial injury on 1/12/10. She reported right sided neck, shoulder and arm pain. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, chronic pain syndrome and adhesive capsulitis of shoulder. Treatment to date has included chiropractic treatment, acupuncture, physical therapy, oral medications including Celebrex, and Neurontin and epidural steroid injections. Currently, the injured worker complains of right sided neck, shoulder and arm pain with some numbness and tingling in right hand. She has not worked since 2011. Physical exam noted forward flexed body posture and normal gait. The treatment plan included prescriptions for Neurontin and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

Decision rationale: The requested Neurontin 300mg, #90 with 3 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has right sided neck, shoulder and arm pain with some numbness and tingling in right hand. She has not worked since 2011. Physical exam noted forward flexed body posture and normal gait. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin 300mg, #90 with 3 refills is not medically necessary.

Celebrex 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 100mg, #60, is not medically necessary. California's Division of Workers Compensation "Medical Treatment Utilization Schedule, (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right sided neck, shoulder and arm pain with some numbness and tingling in right hand. She has not worked since 2011. Physical exam noted forward flexed body posture and normal gait. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 100mg, #60 is not medically necessary.