

Case Number:	CM15-0108620		
Date Assigned:	06/15/2015	Date of Injury:	09/11/2008
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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 59 year old female who sustained an industrial injury on 09/11/2008. The injured worker was diagnosed with low back pain, shoulder pain, left greater than right, status post-surgical interventions. The injured worker is status post shoulder fixation times 2 on the left (no dates documented) and right shoulder arthroscopy in October 2013. Treatment to date includes diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience low back pain. The injured worker rates her pain level at 5/10 with medications and 8-9/10 without medications. The average pain is 5-6/10 with medications taking effect in approximately 40 minutes and lasting several hours. Examination demonstrated limited lumbar spine range of motion. No distal extremity edema was noted. Examination unchanged. Current medications are listed as Norco 5/325mg, Gabapentin, Robaxin, Celebrex, Lidoderm Patches and Biofreeze topical. Treatment plan consists of follow-up with orthopedist, medication regimen and the current request for Neurontin and Biofreeze roll-on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Neurontin 100mg #90 with 1 refill is not medically necessary and appropriate.

Biofreeze roll on #2 tubes with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Biofreeze roll on #2 tubes with 2 refills is not medically necessary and appropriate.