

Case Number:	CM15-0136762		
Date Assigned:	07/24/2015	Date of Injury:	08/03/2002
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 female who was escorting a funeral procession on a motorcycle when an individual ran a red light and she hit the car. She had loss of consciousness. She was medically evaluated in the hospital where she was diagnosed with a left tibia and fibula fracture, several left ankle and rib fractures and a concussion. She remained hospitalized for 2 ½ weeks and had pins and rods placed in her left leg. She had multiple surgical repairs. She continues to complain of ongoing neck, back and left lower extremity pain. On physical exam there was tenderness and mild spurring over the right side cervical paraspinal region, with decreased range of motion; left sided lumbar paraspinal spasming and straight leg raise on the left produced pain down the left leg. Medication brings her pain level down from 9/10 to 2/10. Her function and quality of life was improved with medications (per 5/14/15 note). Urine drug screens were consistent with prescribed medications. Medications were Zohydro, Prilosec, Neurontin, Prozac, Lumesta, and Treximet. Diagnoses include multi-trauma injury, status post motorcycle accident 8/3/02; left fibula/tibia fracture with open reduction internal fixation, extensor hallucis longus and anterior tibialis tendon repair (2002); chronic right shoulder pain; extensive infraspinatus / supraspinatus partial tearing, status postsurgical repair right shoulder (6/25/12); chronic knee pain, chondromalacia, anterior tibia ossific spur; chronic low back pain; right C6 radiculopathy, chronic neck pain; depression; insomnia. Treatments to date include medications; acupuncture; cognitive behavioral therapy. Diagnostics include computed tomography (8/12/09) with completely healed tibial fracture; MRI of the right shoulder (7/17/09) showing chronic rotator cuff tear; MR arthrogram of the right shoulder (11/24/09) showed extensive infraspinatus/

supraspinatus partial tearing; electromyography of the cervical spine showed right C6 radiculopathy; MRI of the cervical spine (2/2013) showed disc changes; MRI of the brain (7/22/10) was unremarkable. In the progress note, dated 6/11/15 the treating provider's plan of care included a request for Neurontin 600mg, #90 with 1 refill for radicular symptoms of the legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.