

Case Number:	CM15-0167949		
Date Assigned:	09/08/2015	Date of Injury:	05/10/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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 42 year old male who sustained an industrial injury on 5-10-14. Progress report dated 8-10-15 reports follow up of neck, low back, shoulder and upper extremity pain. The cervical epidural steroid injection on 7-28-15 provided greater than 50% relief in neck and radicular pain. He no longer has pain radiating down the right arm and he was able to decrease use of norco. He still has complaints of numbness and tingling in the hands and wrists from his carpal tunnel syndrome. He continues with neck pain and aching pain in his shoulders and low back with some aching down the right lateral thigh. The pain is rated 7-8 out of 10 without medication and 5-6 out of 10 with medications. He wears hand splints at night. Diagnoses include: cervical degenerative disc disease, discogenic neck pain, bilateral C6 cervical radiculitis, increased blood sugar secondary to pain, bilateral C 6 radiculitis, right C5 radiculitis, moderate carpal tunnel syndrome, right shoulder surgery on 11-14-14 with right shoulder arthroscopy with anterior labral repair debridement of glenohumeral joint and subacromial decompression and moderate carpal tunnel syndrome. Plan of care includes: dispensed 150 of norco 10-325 mg one 4-5 times per day and 90 of gabapentin 600 mg one 4 times per day, continue massage. Work status: full duty. Follow up 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg # 90 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

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 post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Submitted reports have adequately demonstrated the specific symptom relief and functional benefit from treatment rendered for this injury. Medical reports have demonstrated specific neuropathic pain with functional improvement from treatment as the patient continues to fully work. Previous treatment with Neurontin has resulted in benefit and medical necessity has been established. Further consideration requires continued assessment of functional benefit. The Neurontin 600mg # 90 tablets is medically necessary and appropriate.