

Case Number:	CM15-0184753		
Date Assigned:	09/25/2015	Date of Injury:	03/10/2014
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on 3-10-14. He reported pain in the neck and left shoulder. The injured worker was diagnosed as having neck strain or sprain, cervical disc degeneration, cervical radiculopathy, and chronic pain syndrome. Treatment to date has included left shoulder arthroscopic subacromial decompression, bursectomy, and ligament release on 7-25-14, physical therapy, a home exercise program, acupuncture, and medication including Neurontin. On 6-25-15 and 7-27-15, pain was rated as 7 of 10. On 7-27-15, physical examination findings included decreased and painful cervical range of motion in all planes. The injured worker had been taking Neurontin since at least April 2015. On 7-27-15, the injured worker complained of pain in the neck and left shoulder. Anxiety and insomnia were also noted. On 8-17-15, the treating physician requested authorization for Neurontin 600mg #30 and a trial of Vistaril 25mg #30. On 8-25-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, there is not entirely clear objective evidence of value in use of this medication, however, it appears that the patient has pain consistent with potential value of the medication. The drug is being used to alleviate pain and may aid at night as it is noted that the patient suffers from sleep disturbance, but it does not appear that efficacy has been objectively established, and the use of an antiepileptic in sleep disturbance is a questionable treatment modality (although in this case it is predominantly attributed to pain). Therefore, without clear evidence for efficacy and uncertainty as to the added clinical value of the drug, the request for Neurontin cannot be considered medically necessary based on the provided records.

Vistaril 25mg, #30 for pain related insomnia and anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG insomnia treatment.

Decision rationale: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Hydroxyzine, therefore, as a first-generation antihistamine, is not appropriate for long-term treatment of insomnia, and therefore the request is not considered medically appropriate at this time.