

Case Number:	CM15-0188084		
Date Assigned:	09/30/2015	Date of Injury:	08/31/2012
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial-work injury on 8-31-12. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having chronic left shoulder pain, status post arthroscopic surgery, neck pain, and chronic upper extremity symptoms. Treatment to date has included medication, diagnostics, and surgery. MRI results reported on 5-31-13 of the cervical spine showed broad based posterior disc herniation at C3-4, C4-5, and C7-T1 and bulging discs at other levels. EMG-NCV (electromyography and nerve conduction velocity test) reported on 12-2013 report bilateral median neuropathies and bilateral ulnar neuropathies, worse on the left. Currently, the injured worker complains of ongoing left shoulder pain. Pain medication was helpful without adverse effects or aberrant behaviors. Pain was reduced from 10 out of 10 to 7 out of 10. Work restrictions were in place. Meds include Percocet 10-325 mg, Ibuprofen 800 mg, Omeprazole 20 mg, Trazadone 50 mg, and Neurontin 800 mg. Per the primary physician's progress report (PR-2) on 8-31-15, there was no significant change. On 8-3-15 objective findings state no acute distress and flat affect. On 7-6-15, objective findings list minimal tenderness to the left shoulder and lumbar paraspinal muscles, DTR (deep tendon reflexes) are 3-3 at the biceps, triceps, brachioradialis, patellar, and Achilles tendons, no obvious muscle atrophy, 4 out of 5 motor strength, giving away secondary to pain, and ambulating with a normal gait. Current plan of care includes medication and follow up care. The Request for Authorization requested service to include Motrin 800mg, #90 and Neurontin 800mg, #90. The Utilization Review on 9-15-15 modified the request for Motrin 800

mg #30 and certified Neurontin 800 #90, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Motrin 800 mg #90 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible, as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Ibuprofen. The original UR decision modified the request and approved Motrin 800 mg #30. Motrin 800 mg #90 is not medically necessary and the original UR decision is upheld.

Neurontin 800mg, #90: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for neuropathic pain and response to treatment is documented. Neurontin is medically necessary.