

Case Number:	CM15-0196487		
Date Assigned:	10/12/2015	Date of Injury:	05/12/2008
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female with a date of injury on 05-12-2008. The injured worker is undergoing treatment for right shoulder pain, rotator cuff syndrome, neck pain, cervical degenerative disc disease and right cubital tunnel syndrome. A physician note dated 06-02-2015 documents she has continued posterior medial elbow pain with numbness in her right small and right fingers. She has normal sensory and motor examination. The ulnar nerve is unstable and she has a positive elbow flexion and a positive Tinel's sign over the cubital tunnel. A physician note dated 07-16-2015 she rates her pain as 6 out of 10 without medications and 3-4 out of 10 with medications. A physician progress note dated 08-13-2015 documents the injured worker documents the injured worker has complaints of neck pain, headache, right arm and right elbow pain. She has numbness in her right. She rates her pain as 7 out of 10 without medications, and 4-5 out of 10 with medications. Pain is exacerbated by elbow flexion, bending and lifting. Surgery has been recommended for her right cubital tunnel syndrome. She has right elbow weakness. Right shoulder range of motion is restricted. Tinel's is positive on the right elbow. Medications are controlling her pain and she is able to sleep. She has neuropathic pain in her right arm and she takes Gabapentin. She is not working. Treatment to date has included diagnostic studies, medications, and status post right shoulder surgery. A urine drug screen done on 07-16-2015 was consistent with her medications. Current medications include Norco, Neurontin, and Celebrex. An unofficial electrodiagnostic report done on 07-21-2015 was normal, and a Magnetic Resonance Imaging of the right elbow was unremarkable. On 09-23-2015

Utilization Review non-certified the request for Neurontin 600mg (since at least 04-23- 2015) quantity 90 for the cervical and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg quantity 90 for the cervical and right upper extremity: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 8/13/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is for non-certification. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.