

Case Number:	CM15-0202522		
Date Assigned:	10/19/2015	Date of Injury:	09/07/2014
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California
 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 49-year-old female who sustained an industrial injury 09-07-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical facet arthralgia and rib strain. Medical records (09-16-15) reveal the injured worker complains of neck pain referring into the left cervicobrachial junction. Pain is rated at 9/10 without medications and 5-6/10 with medications. The physical exam (09-16-15) reveals "moderate" pain and spasms over the left C5-C7. Range of motion of the cervical spine is noted to be complete with some pain reported. Left ribs #5-7 have posterior strain with spasms and are "moderately" tender to palpation. Prior treatment includes ibuprofen. The treating provider reports gastritis with ibuprofen so the ibuprofen will be changed to Relafen. Neurontin was to be trialed for relief of dysesthesias from the neck into the left cervicobrachial junction. The original utilization review (10-06-15) modified the request for Neurontin 100mg #60 with 6 refills to #60 with no refills, and modified the request for Relafen 500mg #60 with 6 refills to #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg, #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. There were no reproducible radicular signs on exam (9/16/15). In this case, the claimant does not have the stated conditions approved for Gabapentin use. Gabapentin is not medically necessary.

Relafen 500mg, #60 with 6 refills: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had gastritis from Ibuprofen and there is no indication that long-term use of Relafen would provide any more GI protection. Future need cannot be predicted. Continued use of Relafen with 6 refills is not medically necessary.