

Case Number:	CM15-0208660		
Date Assigned:	10/27/2015	Date of Injury:	01/05/2011
Decision Date:	12/10/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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 59 year old male, who sustained an industrial injury on January 5, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having shoulder pain. Treatment to date has included diagnostic studies, physical therapy, exercise, injection and medication. In the medical records reviewed, Neurontin was indicated for treatment dating back to an April 9, 2015 report. On July 30, 2015, the injured worker complained of an increase in neck pain with radiation to the upper back, mid back and down to the shoulders. This was noted to be contributing to headaches and weakness in his arms. He stated that he "feels his pain medications are not as effective as before." His pain level was rated with medications as an 8 on a 1-10 pain scale and without medications as a 9 on the pain scale. His activity level has remained the same. The treatment plan included Norco, Neurontin, Docusate Sodium and Prilosec. On September 24, 2015, the injured worker complained of increased neck pain and bilateral shoulder pain. The neck pain radiated to the upper back, mid back and down to the shoulders. He rated his pain with medications as an 8 on a 1-10 pain scale and without medications as a 9 on the pain scale. His quality of sleep was noted to be poor. The injured worker was noted to be wearing a right wrist brace with numbness and tingling pain. He reported that with the aid of his pain medications, he was able to function in his daily life and perform his activities of daily living. His current medication regimen included Docusate Sodium, Prilosec, Neurontin and Norco. On October 2, 2015, utilization review denied a request for Neurontin 400mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400mg #90: Overturned

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: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the upper/mid back, down to shoulders, and bilateral shoulder pain with weakness in his arms, rated 8/10 with medications and 9/10 without medications. The treater has asked for Neurontin 400mg #90 on 9/24/15. The request for authorization was not included in provided reports. The patient has increased pain in the neck and bilateral shoulders, his medications are less effective, and his activity level has decreased per 9/24/15 report. The patient is wearing a right wrist brace, and has numbness/tingling pain in the right wrist per 8/27/15 report. The patient is currently only using his left arm per 8/27/15 report. The patient is currently working full time, but does not feel he can continue working as his job is not following work restrictions per 9/24/15 report. MTUS, Antiepilepsy drugs (AEDs) Section, pgs 18, 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." This patient has been prescribed Gabapentin since at least 4/9/15 and in subsequent reports dated 6/4/15, 8/27/15 and 9/29/15. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. Per 9/29/15 progress note, this patient does experience some pain relief attributed to medications, though the provider does not specifically mention Gabapentin. However, given the conservative nature of this medication and the documented benefits, continuation is substantiated. Therefore, the request is medically necessary.