

Case Number:	CM15-0034927		
Date Assigned:	03/03/2015	Date of Injury:	01/25/2009
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 1/28/10. He has reported pain in the neck and bilateral shoulders. The diagnoses have included shoulder impingement and upper arm pain. Treatment to date has included shoulder MRI, bilateral rotator cuff surgery, physical therapy and oral medications. As of the PR2 dated 1/15/15, the injured worker reports right shoulder and arm pain that is constant and stabbing. He stated that the right upper pain that radiates to the right cervical. The treating physician requested to continue Neurontin 100mg #90 and Cimetidine 400mg #60. On 1/27/15, Utilization Review non-certified a request for Neurontin 100mg #90 and Cimetidine 400mg #60. The utilization review physician cited the MTUS guidelines. On 2/24/15, the injured worker submitted an application for IMR for review of Neurontin 100mg #90 and Cimetidine 400mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conintued use of Neurontin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. The patient has been using Neurontin without any evidence of reduction in pain or functional improvement. Therefore the request for NEURONTIN 100MG #90 is not medically necessary.

Continued use of Cimetidine 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Cimetidine is a histamine H₂-receptor antagonist that inhibits stomach acid production. According to MTUS guidelines, Cimetidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issues that requires the use of Cimetidine. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, continued use of Cimetidine 400mg #60 is not medically necessary.