

Case Number:	CM14-0160481		
Date Assigned:	10/06/2014	Date of Injury:	09/16/2004
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a 59-year-old man injured on 9/16/2004. Mechanism of injury is discussed in the provided records. The disputed treatment is for prescriptions of Neurontin 300 mg #90. This was modified to one prescription. The utilization review determination dated 9/8/14 indicated that the document reviewed for the determination was a 7/17/14 progress report by an M.D. That report is summarized in the utilization review determination. Unfortunately the only medical reports provided for this reviewer were from the patient's psychiatrist who is not prescribing this medication. They do not mention this medication nor do they mention any musculoskeletal diagnosis or exam. These reports do indicate that the patient remains totally disabled from gainful employment. According to utilization review determination the requesting 7/17/14 report addresses continued neck and right shoulder pain, 2-3 headaches per week, and right hand numbness. On exam there is decreased right shoulder range of motion and neck range of motion. There was tenderness in the cervical and thoracic spines as well as in multiple locations in the right shoulder. Patient had right shoulder surgery on 9/26/05 and a cervical MRI of 5/15/04 showed degenerative changes without disclosing a disc herniation. It is not known how long the patient has been using the Neurontin nor is there any mention of what other medications the patient has been using.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, anti-epilepsy drugs (AEDs);part 1, definitions Page(s): 16-20;.

Decision rationale: This is an antiepileptic supported by MTUS guidelines for treatment of neuropathic pain, and it is considered a first-line treatment. However, the current (and very limited) documentation does not support that there was neuropathic pain at the time that this was prescribed. It is not known if the patient had used this previously and if he did what the response was to the medication. #90 would be sufficient for one month supply so this is a prescription of a four month supply. If this is an initial trial of the gabapentin, then a 4 month supply would be inappropriate as the patient should be reassessed after 1 month to see what if any effectiveness this medication was having. If the patient has already been using this, there is no documentation available that use has resulted in functional benefit such as any progress towards returning to regular work or reduction in the need for medical treatment; the patient's psychiatry records indicate that he is not working and he is treating regularly with the psychiatrist. MTUS guidelines do not support ongoing treatment if it does not result in functional benefit, which is not documented here. Therefore, based on the evidence and guidelines, this is not approved.