

Case Number:	CM14-0184353		
Date Assigned:	11/12/2014	Date of Injury:	05/20/2013
Decision Date:	12/18/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

The injured worker is a 56year old male with date of injury on 5/20/13 with related neck, low back, and right shoulder pain. Per progress report dated 10/15/14, the injured worker rated his pain 4-5/10 in intensity with pain medications and 8/10 in intensity without pain medications. He described aching and burning of his neck, low back, and right shoulder. He had increased pain with increased activity and reduced pain with lying down. Per physical exam, sensation was reduced in the C6 dermatome, Spurling's sign elicited neck pain, and there was trigger point tenderness of the cervical paraspinal muscles and bilateral trapezius. There was tenderness over the lumbar paraspinals, straight leg raise test was positive on the right side. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included epidural steroid injection, and medication management. He was recently approved for cervical fusion. The date of UR decision was 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (Gabapentin 600mg) scored tablets #90: 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 Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "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." Per the MTUS CPMTG page 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review indicates that the injured worker has been using this medication long term with subsequent pain relief; however, there was no documentation of functional improvement. As such, the request is not medically necessary.