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| Case Number: | CM14-0083271 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/18/2013 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old individual was reportedly injured on 11/18/2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated 5/2/2014 indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated cervical spine is very tender right more than left. Left more than right clavicle tenderness and trapezius tenderness on the left. Right shoulder has tenderness subacromially. Both elbows have slight tenderness. Lumbar spine is tender right more than left with trigger point. No recent diagnostic studies are available for review. Previous treatment includes medications, and physical therapy. A request had been made for Trial of Gabapentin and was not certified in the pre-authorization process on 5/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible trial of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.