

Case Number:	CM14-0084284		
Date Assigned:	07/21/2014	Date of Injury:	02/17/2009
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 mechanism of injury was not provided. Past treatments included medications. Diagnoses included lumbar radiculopathy, low back pain, disc disorder cervical, spinal lumbar degenerative disc disease, right wrist pain, sprain of neck, and sprain of lumbar region. The surgical history was not provided. On 05/19/2014 the injured worker was seen for back pain, lower back ache, left shoulder pain, and bilateral wrist pain. The pain rate with medications was 4/10, and without medications 7/10. The injured worker stated that medications were "working well." Current medications included Skelaxin 800 mg 1 four times a day as needed, Trazodone 50 mg 1 to 2 at bedtime as needed for sleep, Cymbalta 30 mg 1 twice daily, Neurontin 400 mg 1 three times a day, and Vicodin 5/300 mg 1 four times a day as needed. Diagnostic studies included on 05/14/2014, an EMG/NCS of the bilateral upper extremities. There was electrodiagnostic evidence for right and left chronic moderate distal medial nerve neuropathy at the wrist (carpal tunnel syndrome) without an active denervation. There was electronic evidence for right and left C7 chronic cervical radiculopathy without active denervation. There was slight conduction velocity slowing at the right cubital tunnel, but may be due to the cervical radiculopathy. On 09/12/2012, an EMG/NCS of the bilateral upper extremities, there was evidence of right and left chronic C7 cervical radiculopathy without active denervation. There was evidence of right and left chronic moderate distal medial nerve neuropathy at the wrist, affecting the sensory motor fibers without active denervation. The following diagnostic studies were performed; 04/15/2009 an MRI of the cervical spine; 10/12/2009 an EMG/NCS of the bilateral upper extremities; 05/24/2010 an EMG/NCS of the bilateral lower extremities study; 06/28/2010, an MRI of the right wrist; 03/29/2011 AME report; 11/24/2010 and 07/06/2011 there were left transforaminal epidural steroid injections at L5 and S1; 03/01/2010, 08/05/2010 and 08/29/2011 there were urine toxicology screenings; 01/18/2012 there were left side lumbar medial branch block at L3,

L4 and L5; 02/17/2012 there was an x-ray of the left shoulder; 04/15/2009 and 06/05/2012 there were MRIs of the lumbar spine; and 07/16/2012 there was a left shoulder MRI. The request is for Neurontin 400 mg #90 between 05/16/2014 and 08/16/2014. The rationale was not provided. The Request for Authorization was dated 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400mg #90 between 5/16/14 and 8/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Neurontin 400mg #90 between 5/16/14 and 8/16/14 is non-certified. The California MTUS guidelines recognize 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. The injured worker has a history of neck pain. There was a urine drug screen that showed noncompliance with Neurontin. There are no recent exam findings of ongoing radiculopathy. There is no objective evidence of neurological deficit at this time. As such, the request for Neurontin is non-certified.