

Case Number:	CM14-0067942		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2011
Decision Date:	02/20/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 35-year-old male who reported an injury on 10/29/2011. The mechanism of injury was due to while putting plaster on a wall, he injured his right shoulder and wrist. The injured worker has diagnoses of cervical disc disorder and elbow pain. Past medical treatments consisted of physical therapy, medication therapy, epidural steroid injections, and facet nerve blocks. Medications include docusate sodium 250 mg, Miralax, Norco, and Neurontin. An EMG obtained on 08/27/2013 revealed acute chronic right C6 radiculopathy. On 03/30/2012, the injured worker underwent an EMG/NCS by Dr. [REDACTED], MD, which revealed right motor was unremarkable. A needle exam of the right "Abd Poll Brev," the right first "Dorint," right pronator teres, and the right "ABD DigMinimi" was unremarkable. On 05/01/2014, the injured worker complained of persistent pain. He stated that the medications helped with ADLs and some light chores. The treatment plan is for the injured worker to continue with medication therapy. There was no rationale submitted for review. A Request for Authorization form was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg three times a day, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Neurontin 600 mg 3 times a day #90 is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of lasting benefit from this modality should include evaluating the effect of the pain relief and relationship to improvements in function and increased activity. The guidelines note that Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There was no mention in the submitted documentation of weakness or numbness, which would indicate neuropathy. Additionally, there was no indication of the injured worker having a diagnosis congruent with the guidelines. Furthermore, the efficacy of the medication was not submitted for review. Given the above, medical necessity cannot be established. As such, the request is not medically necessary.