

Case Number:	CM15-0014028		
Date Assigned:	02/02/2015	Date of Injury:	07/24/2013
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/24/2015

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 & Rehabilitation, 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 73-year-old male who reported injury on 07/24/2013. The mechanism of injury was the injured worker was lifting an 80 lb electric motor and felt a sharp pain in his right shoulder. The injured worker was noted to undergo shoulder surgeries and back surgeries. The documentation of 01/15/2015 revealed the injured worker had pain in the right shoulder. The injured worker indicated the right shoulder pain was shooting pain. The injured worker's medications include Tylenol No. 3 one tablet twice a day as needed and medications for other conditions. The physical examination revealed the injured worker had decreased range of motion and painful range of motion. The strength testing was 5/5 in the bilateral upper extremities. Sensation was intact to light touch and the reflexes were normal. The injured worker had a negative Tinel's bilaterally in the wrist and ulnar nerve at the elbow and the Phalen's and hyperabduction test were negative bilaterally. The diagnosis included right shoulder sprain and right shoulder status post multiple surgeries with residual adhesive capsulitis and myofascial pain, chronic pain syndrome, right cervicobrachial myofascial pain and marked thoracic scoliosis. The treatment plan included cognitive behavioral therapy and gabapentin for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. The clinical documentation submitted for review failed to provide that the injured worker had neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, request for Neurontin 100mg Quantity 90 is not medically necessary.