

Case Number:	CM15-0121687		
Date Assigned:	07/02/2015	Date of Injury:	12/08/2010
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on 12/8/10. She has reported initial complaints of a fall at work. The diagnoses have included cervical sprain/strain, right upper extremity radiculopathy, thoracic strain/sprain, and chronic pain syndrome. Treatment to date has included medications, activity modifications, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/15/15, the injured worker presents for med re-fills and reports that Norco and Neurontin help her to function at work and she is able to perform her work duties. She reports no drowsiness from medications. It is noted that she has remained the same since her last visit. She reports moderate, severe, frequent, dull, cramping, numbness and aching pain. The objective findings reveal that the cervical spine has tenderness bilaterally in the paravertebral muscles and upper trapezius, decreased range of motion with pain in all planes, and Spurling's test is negative but increases the pain. She rates the pain with medications 7/10 on pain scale and without medications 9/10. The current medications included Norco; Neurontin and Colace. The physician requested treatment included Neurontin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine sprain strain; right upper extremity radiculopathy; right shoulder strain/impingement; right FA; Right upper extremity CRPS; right hip strain; and status post right knee contusion/strain/ PFA Date of injury is December 8, 2010. The request for authorization is May 28, 2015. The most recent progress of the medical record is May 15, 2015. The medical record contains 23 pages and one progress note. Subjectively, the injured worker presents for a medication refill. Norco and Neurontin (gabapentin) help with pain. Pain is 9/10. Objectively, abbreviations are used throughout the entirety of the progress note. There is T/T and decreased range of motion. The documentation does not demonstrate objective functional improvement with ongoing Gabapentin. There is a single progress note and no additional documentation to compare both subjective symptoms and objective findings. Consequently, absent additional clinical documentation with subjective and objective symptoms and signs and documentation demonstrating objective functional improvement, Neurontin 600 mg #60 is not medically necessary.