

Case Number:	CM15-0139433		
Date Assigned:	07/29/2015	Date of Injury:	01/24/2009
Decision Date:	11/05/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female who sustained an industrial injury on 1-24-09. The injured worker was diagnosed as having status post right shoulder arthroscopy with persistent adhesive capsulitis and myofascial pain, status post right elbow lateral release with persistent myofascial pain, right wrist strain sprain, cervical brachial myofascial pain syndrome and chronic pain syndrome. Currently, the injured worker reported right arm pain. Previous treatments included acupuncture treatment, chiropractic treatments, physical therapy, oral pain medication and injections. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured workers pain level was noted as 9 out of 10. Physical examination was notable for right shoulder tenderness to palpation, decreased painful range of motion. The plan of care was for Neurontin 100 milligrams quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 1-24-09. The medical records provided indicate the diagnosis of status post right shoulder arthroscopy with persistent adhesive capsulitis and myofascial pain, status post right elbow lateral release with persistent myofascial pain, right wrist strain sprain, cervical brachial myofascial pain syndrome and chronic pain syndrome. Currently, the injured worker reported right arm pain. Previous treatments included acupuncture treatment, chiropractic treatments, physical therapy, oral pain medication and injections. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records of 06/18/2015 noted the pain is not well controlled with the medication. The medical records provided for review do not indicate a medical necessity for Neurontin 100mg #90. Therefore, the request is not medically necessary.