

Case Number:	CM15-0169433		
Date Assigned:	09/10/2015	Date of Injury:	10/02/2014
Decision Date:	11/25/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 male, who sustained an industrial injury on 10-02-2014. A review of the medical records indicates that the worker is undergoing treatment for persistent neck, right shoulder and low back pain. Subjective complaints (03-16-2015) included worsening pain in the bilateral low back radiating to the right lower extremity and neck posteriorly on the right side with headaches that was rated as 7-8 out of 10. Objective findings (03-16-2015) revealed palpatory tenderness throughout the cervical paraspinal muscles and throughout the lower lumbar spine and decreased range of motion of the cervical spine, lumbar spine and right shoulder with inability to perform many tests due to the worker's refusal. The treatment plan included continued Relafen with a trial of Ultracet and Zanaflex. Subjective complaints (04-13-2015) included ongoing neck, low back, right lower extremity and right shoulder pain and headaches. Average pain over the prior month was noted to be a 7.5 out of 10, as high as a 9 out of 10 and as low as a 6.5 out of 10 with medications. The worker noted that 4 Ultracet a day was helpful but was not enough to control his pain. Objective findings showed "no significant change." The treatment plan included discontinuing Ultracet and starting Tramadol, starting Neurontin for radicular symptoms down to the right lower extremity and continuing Relafen and Zanaflex. Subjective complaints (06-10-2015) included persistent neck, right shoulder and low back pain that were not quantified. Objective findings (06-10-2015) revealed palpatory tenderness throughout the cervical paraspinal muscles and throughout the lower lumbar spine and decreased range of motion of the cervical spine, lumbar spine and right shoulder with inability to perform many tests due to the worker's refusal. Treatment has included Ultracet, Tramadol, Zanaflex, Neurontin (started on 04-13-2015), chiropractic treatment, physical therapy, back brace and a home exercise program. A utilization review dated 08-17-2015 non-certified a request for Neurontin 300 mg quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg quantity 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: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 6/10/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is for non-certification, therefore is not medically necessary.