

Case Number:	CM15-0171936		
Date Assigned:	09/21/2015	Date of Injury:	06/24/2013
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 42 year old female who sustained an industrial injury on June 24, 2013, incurring right shoulder and low back injuries. She was diagnosed with brachial neuritis, right shoulder sprain, and cervical and lumbar sprains. On September 6, 2013, a lumbar Magnetic Resonance Imaging revealed degenerative disease and a bulging disc. Treatment included chiropractic sessions, occupational therapy, physical therapy and home exercise program, neuropathic medications, anti-inflammatory drugs, neuropathic medications, and activity restrictions. Currently, the injured worker complained of persistent neck pain, right shoulder and right wrist pain with increased weakness, and limited range of motion. She noted increased low back pain radiating into her legs aggravated with prolonged sitting and repetitive movements. On March 28, 2015, a right shoulder Magnetic Resonance Imaging revealed tendinosis of the tendon with no rotator cuff tear and arthropathy of the acromioclavicular joint. The treatment plan that was requested for authorization on September 1, 2015, included a prescription for Neurontin 600mg #30. On August 25, 2015, a request for a prescription for Neurontin 600mg #30 was non-certified by Utilization Review.

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 Medical Treatment 2009.

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

Decision rationale: According to the cited MTUS, antiepilepsy drugs (AEDs), such as gabapentin (Neurontin), are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, she has had no documented reduction in pain on the visual analog scale or improvement in function specific to the use of Neurontin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this injured worker. Therefore, Neurontin 600mg #30 is not medically necessary and appropriate.