

Case Number:	CM15-0173386		
Date Assigned:	09/15/2015	Date of Injury:	07/09/2012
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

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 was a 61-year-old female, who sustained an industrial injury, July 9, 2012. According to progress note of August 10, 2015, the injured worker's chief complaint was left deltoid triceps area. The pain radiates down into the left arm. The injured worker was unable to sleep secondary to pain, spasms, cramping in the left biceps. The left arm shakes. The physical exam noted guarding to the left posterior shoulder. The Spurling's test was negative. Decreased pin wheel in the left hand. The deep tendon reflexes in the upper extremities were flat bilaterally. There was notable weakness in the left deltoid and biceps and triceps on the right arm. The left shoulder was guarded with range of motion with some pain with elevation above 110 degrees, external rotation at 45 degrees and internal rotation at 25 degrees. The treating physician requested EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and cervical spine to evaluate left cervical radiculopathy or compression neuropathy. The injured worker was undergoing treatment for cervical radiculopathy, neck strain and or sprain and cervical spondylosis. The injured worker previously received the following treatments daily exercise and stretching. The RFA (request for authorization) dated August 17, 2015, the following treatments were requested a prescription for Neurontin 300mg by mouth 2 times daily #60 for nerve pain. The UR (utilization review board) denied certification on August 20, 2015; for the prescription for Neurontin due to lack of documentation for nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg 1 P.O. BID #60: Overturned

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): Anti-epilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in July 2012 and is being treated for radiating left upper extremity pain. When seen, there was increased tingling and she was unable to sleep due to pain. Physical examination findings included positive left Tinel's signs at the cubital and carpal tunnels, there was positive Phalen's testing. There was decreased left upper extremity sensation and strength. Gabapentin was requested for nerve pain at 300 mg BID #60. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, it was prescribed when the claimant was having increased neuropathic pain. Ongoing titration would be expected if the prescribed dose were ineffective. The request was medically necessary.