MAXIMUS Federal Services

Case Number:	CM15-0176699		
Date Assigned:	09/17/2015	Date of Injury:	05/08/2004
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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 48 year old male, who sustained an industrial-work injury on 5-8-04. He reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, multilevel degenerative disc disease, bilateral ulnar neuropathy and median neuropathy. Treatment to date has included medication, right shoulder injection, ESI (epidural steroid injection), physical therapy, and diagnostics. MRI results were reported on 12-2004 of the cervical spine that demonstrated mild disc bulge at C5-6, minimum bulge at C4-5 and C6-7 without canal stenosis or neural foraminal narrowing. EMG-NCV (electromyography and nerve conduction velocity test) were reported on1-2006 that demonstrated chronic neurogenic changes in the right triceps and deltoid muscles consistent with chronic injury of the radial nerve and ulnar neuropathy at the right elbow and polyneuropathy related to diabetes. On 5-6-10, repeat study revealed right ulnar neuropathy and mild left carpal tunnel syndrome or median neuropathy across the wrist. Currently, the injured worker complains of chronic pain in multiple regions. There was neck and worsening right shoulder pain from prior injection wearing off, and pain in the right elbow. Meds include Norco, Relafen, Gabapentin, and Zanaflex. Per the primary physician's progress report (PR-2) on 8-3-15, exam noted pain in the right shoulder horizontal abduction and external rotation, abduction to 180 degrees, and weakness with abduction and flexion above 90 degrees. Current plan of care includes medication refill. The Request for Authorization date included 1 Prescription of Neurontin 800mg #90 with 2 refills. The Utilization Review on 8-20-15 modified to included1 Prescription of Neurontin 800mg #90 with 1 refill due to being indicated at this time for treatment of neuropathic pain and reduction of pain (paresthesias down the arms by 30%). Follow up will be in 2 months and 2 refills is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 800mg #90 with 2 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 800 #90 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are neck pain and right upper extremity pain; EMG/NCV positive for ulnar neuropathy; atrophy right upper extremity; chronic thoracic pain; chronic right parascapular pain; left shoulder pain; cervical radiculopathy at C5-C6. Date of injury is May 8, 2004. Request for authorization is August 2, 2015. According to a progress note dated August 14, 2012, the treating provider prescribed gabapentin (Neurontin). According to an August 3, 2015 progress note, subjective complaints include pain, right shoulder pain, elbow and hand pain. Objectively, the documentation states right shoulder pain with abduction and external rotation. Specific degrees are not documented. The documentation indicates weakness with abduction and flexion above 90. Neurontin is clinically indicated based on the documentation, symptoms and objective findings. However, the injured worker is returning for follow-up in two months. The treating provider requested an excessive number of refills. A #90 day count and one refill is adequate until the worker is followed up in two months. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and an excessive number of refills based on the clinical documentation in the record and return for follow-up date, Neurontin (Gabapentin) 800 #90 with 2 refills is not medically necessary.