

Case Number:	CM15-0065469		
Date Assigned:	04/13/2015	Date of Injury:	01/05/2011
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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
 Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on 1/05/2011. Diagnoses include shoulder pain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and EMG (electromyography)/NCV (nerve conduction studies), medications, injections, consultations and psychological evaluation. Per the Primary Treating Physician's Progress Report dated 3/12/2015, the injured worker reported neck pain and bilateral shoulder pain. Pain level has remained unchanged since the last visit. Pain is rated as 9/10 with and without medications. Physical examination of the neck revealed restricted range of motion with pain. Spurling's maneuver causes radicular symptoms on the right. Tenderness is noted in the cervical spine and trapezius. Muscle tone of the trapezius is increased and there is palpable tenderness on both sides. Shoulder examination revealed restricted range of motion of the right and left shoulder. Hawkin's and Neer's test are positive on both shoulders. Tenderness upon palpation of the right shoulder was noted at the acromioclavicular joint, biceps groove, glenohumeral joint and greater tubercle of humerus. Tenderness upon palpation of the left shoulder was noted at the acromioclavicular joint, biceps groove and glenohumeral joint. The plan of care included diagnostic imaging including magnetic resonance imaging (MRI) and medications and authorization was requested for Neurontin 400mg #90 and Docusate Sodium 250mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: As per MTUS Chronic pain guidelines, Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically with no documentation of actual benefit. Patient actually has documentation of worsening pain and symptoms. Gabapentin is not medically necessary.

Docusate Sodium 250mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Pt has constipation and is chronically on opioids. Pt is still noted to be on Norco. Continued prophylaxis use of colace is appropriate. Docusate is medically necessary.