

Case Number:	CM15-0073213		
Date Assigned:	04/23/2015	Date of Injury:	08/06/2012
Decision Date:	05/21/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/17/2015

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: New York, West Virginia, Pennsylvania
 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 61 year old female, who sustained an industrial injury on 08/06/2012. She reported headaches, low back pain, shoulder pain, right arm pain and pain radiating from her low back down her left leg. Treatment to date has included x-rays, computed tomography imaging, physical therapy, lumbar epidural steroid injection and medications. According to a progress report dated 02/26/2015, the injured worker complained of mostly axial neck pain radiating into both shoulders and some pain radiating down her upper extremities, right greater than left. Medications included Trazodone, Vistaril and Prozac. Objective findings demonstrated positive straight leg raise on the left at 60 degrees and decreased sensation to the lateral thigh, lateral calf and dorsum of the foot in the L5 distribution. Assessment included lumbar herniated nucleus pulposus with left lower extremity radiculopathy, cervical myoligamentous injured with associated cervicogenic headaches, post-concussive head syndrome, reactionary depression/anxiety and medication induced gastritis. Medications dispensed included Anaprox, Prilosec, Doral and Prozac. Prescriptions were given for Neurontin 100 mg four times a day #120 and Elavil 25 mg 1 to 2 at bedtime #60. Currently under review is the request for Neurontin 100mg/600g #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg/600g #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: Anti-epilepsy drugs are recommended for neuropathic pain. In this case, the patient did suffer from neuropathic pain. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication and the efficacy in terms of pain level. The request for Gabapentin 100mg/600g #120 is not medically appropriate and necessary.