

<b>Case Number:</b>	CM15-0075394		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 52 year old female, who sustained an industrial injury on 3/24/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having left cubital syndrome, right elbow medial and lateral epicondylitis and status post right ulnar nerve decompression. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In a progress note dated 3/6/2015, the injured worker complains of severe right elbow pain and numbness and tingling in the 4th and 5th fingers. The treating physician is requesting open magnetic resonance imaging of the right elbow and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Open MRI of the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 1 - 53.

**Decision rationale:** The patient is a 52 year old female who had an injury on 03/24/2012. She had right ulnar nerve decompression, right elbow medial and lateral epicondylitis and left cubital tunnel syndrome. On 03/06/2015, she had right elbow pain. There was no documentation of a recent injury or red flag signs. There was no documentation of failure of a recent trial of conservative treatment. The open MRI is not medically necessary.

**Neurontin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The patient is a 52 year old female who had an injury on 03/24/2012. She had right ulnar nerve decompression, right elbow medial and lateral epicondylitis and left cubital tunnel syndrome. On 03/06/2015, she had right elbow pain. MTUS guidelines note that Neurontin is used for the treatment of diabetic neuropathy and post herpetic neuralgia. It is also used for neuropathic pain. However, in this patient, the patient had right elbow pain recently and there was no documentation of any neuropathic pain after the right ulnar nerve decompression. Neurontin is not medically necessary.