

Case Number:	CM15-0078905		
Date Assigned:	04/30/2015	Date of Injury:	05/20/2013
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Family Practice

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 57-year-old male, who sustained an industrial injury on May 20, 2013. He has reported neck pain, back pain, and shoulder pain. Diagnoses have included neck pain, headache due to trauma, myofascial pain, cervical discogenic pain, cervical spine radiculitis, cervical spine disc herniation, right rotator cuff tear, lumbar spine degenerative disc disease, lumbar spine radiculitis, and insomnia due to chronic pain syndrome. Treatment to date has included medications, physical therapy, cognitive behavioral therapy, biofeedback, rotator cuff repair, and imaging studies. A progress note dated February 27, 2015 indicates a chief complaint of neck pain, mid back pain, and spasms of the lower back. The injured worker was noted to be wearing a sling due to the recent rotator cuff surgery. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg Qty 90: Upheld

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

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

Decision rationale: This patient receives treatment for chronic neck, back, and shoulder pain. This relates back to a work-related injury on 05/20/2013. This patient has become opioid dependent. This review addresses ongoing treatment with Neurontin 600 mg. Neurontin is an antiepileptic drug (AED). The treatment guidelines recommend a trial of AEDs for confirmed cases of post-herpetic neuralgia, painful neuropathy, and pain after a stroke. The medical literature does not recommend AEDs to treat chronic low back pain (axial back pain), as there is little evidence of efficacy. The documentation does not mention these types of clinical pain disorders for which Neurontin is recommended. Neurontin is not medically necessary.