

Case Number:	CM15-0090521		
Date Assigned:	05/14/2015	Date of Injury:	03/06/2014
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 6, 2014. In a Utilization Review report dated April 22, 2015, the claims administrator approved a request for Naprosyn and tramadol while denying a request for Neurontin. The claims administrator referenced a RFA form dated April 17, 2015 and a progress note of April 16, 2014 in its determination. The claims administrator contended that the applicant had been on the medications in question since mid 2014 without profit. The applicant's attorney subsequently appealed. On September 30, 2014, the applicant reported 6-10/10 supraclavicular left shoulder pain with associated left upper extremity paresthesias. Lifting, grasping, pushing, pulling were all-problematic, the treating provider reported. Electrodiagnostic testing of bilateral upper extremities, Naprosyn, Neurontin, Flexeril, and a TENS unit trial were endorsed. The applicant was given fairly proscriptive limitations. It did not appear that the applicant was working with said limitations in place, although this did not appear to be the case. On November 21, 2014, the same, unchanged prescriptions were reported. Ongoing complaints of neck and shoulder pain radiating to the left upper extremity were noted. Naprosyn, Neurontin, Prilosec, Flexeril, a TENS unit, and cervical MRI imaging were endorsed. On April 23, 2015, the applicant reported 7-8/10 neck pain and left upper extremity paresthesias. The attending provider appealed previously denied Neurontin. Additional physical therapy was endorsed. Once again, the applicant's work status was not clearly outlined, although the applicant did not appear to be working. On May 12, 2015, the applicant reported ongoing complaints of neck

pain, left shoulder pain, and left upper extremity paresthesias. The applicant reported 4-5/10 pain with medication versus 7-8/10 pain without medications. Bending, turning, and twisting of neck remained problematic. Neurontin, Naprosyn, Flexeril, tramadol, Prilosec, and work restrictions were again endorsed. Cervical MRI imaging was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, ongoing usage of gabapentin had failed to curtail the applicant's dependence on opioid agents such as tramadol or non-opioid agents such as Naprosyn and/or Flexeril. Ongoing usage of Neurontin (gabapentin) had failed to diminish the applicant's work restrictions from visit to visit. The applicant continued to report difficulty-performing activities as basic as gripping, grasping, and lifting, despite ongoing Neurontin (gabapentin) usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.