

Case Number:	CM15-0094242		
Date Assigned:	05/20/2015	Date of Injury:	12/29/2000
Decision Date:	06/22/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/15/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old female, who sustained an industrial injury on 12/29/2000. She reported injury to her cervical spine and shoulder due to trauma. The injured worker was diagnosed as having cervical strain, cervical disc displacement, cervical disorder, not otherwise specified, cervical root injury, shoulder impingement, rotator cuff pain, and shoulder adhesive capsulitis. Non-industrial diagnoses included unspecified obesity, essential hypertension, cervical degenerative disc disease, and shoulder degenerative changes. Treatment to date has included diagnostics, cervical spine surgery in 7/2012, physical therapy, epidural steroid injections, and medications. Magnetic resonance imaging of the cervical spine (10/10/2013) noted C5-6 fusion without evidence for canal or neural foraminal compromise, progression of C4-5 right paracentral disc protrusion creating central spinal canal stenosis with cord effacement, and C6-7 disc protrusion with osteophytic ridging, creating mild central spinal canal stenosis. Magnetic resonance imaging of the left shoulder (5/01/2014) noted significant cuff swelling, tiny interstitial tears at the supraspinatus and infraspinatus insertions, subacromial bursitis, and acromioclavicular joint degeneration. Currently, the injured worker complains of bilateral arm pain, rated 8/10, and left shoulder pain, rated 7/10. Pain affected activities of daily living and limited restful sleep. Pain was rated 7-8/10 with medications and 9/10 without. Exam of the cervical spine noted tenderness at the left C6-7 and decreased range of motion. Motor exam was 5/5 strength and sensation was intact. Exam of the left shoulder noted tenderness at the acromioclavicular articulation and acromion. Motor testing was 4/5, sensation was intact, and impingement sign was positive. Current medications included Elavil, Prilosec, Risperdal,

Prozac, Wellbutrin, Baclofen, and Metformin. Work status was permanent and stationary. The use of Gabapentin was noted since at least 5/2012, with consistent pain levels noted for several months. Urine toxicology reports were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

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

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

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore, the request for Neurontin 300 mg #90 is not medically necessary.