

Case Number:	CM15-0095733		
Date Assigned:	05/22/2015	Date of Injury:	06/20/2001
Decision Date:	06/29/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation

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 51 year old female patient who sustained an industrial injury on 06/20/2001. The accident was described as while working as a food server she developed numbness of her hands. She was told she had carpal tunnel syndrome and treated with physical therapy, chiropractic treatment, and finally underwent a right tunnel release in 10/2006 and then a left release surgery in 2007. She began having neck complaints and had medial branch blocks performed. She continues working. A primary treating office visit dated 10/02/2014 reported current medications are: Norco 10/325mg, Naprosyn, Lidoderm %5, and Norco from another prescriber. Diagnostic testing to include: electrodiagnsotic conduction study performed on 07/23/2001 which revealed bilateral carpal tunnel syndrome as well as a left ulnar neuropathy. In 2002 radiography study performed showed degenerative disc disease at C4-5 and C5-6. A magnetic resonance imaging study performed 2002 showed minimal disc bulging at C5-6 and osteophyte formation with retrolisthesis effacing the anterior sac. Radiography of the wrist done on 04/13/2004 showed negative results. An electrodiagnsotic testing done on 2007 showed abnormal studies of the left and right median nerves. The assessment found the patient with degenerative disc disease cervical, right carpal tunnel syndrome, right ulnar neuropathy at the elbow. The plan of care noted the patient continuing with Lidoderm and Naprosyn, need paraffin for the bath, and return to modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg Qty 90 with 1 refill: 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 Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with neck and bilateral wrist pain rated 4-5/10. The request is for NEURONTIN 300MG QTY 90 WITH 1 REFILL. The request for authorization is not provided. The patient is status-post right carpal tunnel release, 10/2006, and left carpal tunnel release, 2007. MRI of the cervical spine, 2002, shows minimal disc bulging at C5-6 and osteophyte formation with retrolisthesis effacing the anterior sac. EMG/NCS, 2007, shows abnormal studies of the left and right median nerves by virtue of prolonged latencies and mild sensory abnormalities; EMGs were normal. Physical examination of the neck reveals positive occipital tenderness and tightness of the traps/straps. She has pain with rotation. She has had medial branch blocks performed. She has been treated with physical therapy and chiropractic treatments. She has tried Galise and the burning pain has been much better. She ran out of the samples and the burning is coming back. Patient's medications include Albuterol Sulfate, Spiriva, Naprosyn, Lisonopril, Lidoderm and Norco. Per progress report dated 03/19/15, the patient is working part-time. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 03/19/15, treater's reason for the request is "02-15 Trial of Galise so will start with Neurontin." In this case, the treater is initiating a prescription of Neurontin as the patient had positive pain relief with the trial of Galise. Since this is the initial prescription for Neurontin, the treater has not had an opportunity to document its efficacy. Given the patient's ongoing symptoms, the request for Neurontin appears reasonable. However, per progress report dated 03/19/15, treater notes "Medication attached to this encounter: Gabapentin 300 MG Oral Capsule 1 po bid -tid - prescription: qty 90 of 300 MG 1 po bid -tid (1 refills). Plan of treatment: 2. F/u in 1 mo." With the patient to return for follow up in 1 month, a prescription for qty 90 would be sufficient. The treater does not provided any discussion why 1 refill would be needed. Therefore, the request IS NOT medically necessary.