

Case Number:	CM14-0144224		
Date Assigned:	09/12/2014	Date of Injury:	01/12/2011
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who sustained an injury on 01/12/11. No specific mechanism of injury was noted. The injured worker has been followed for complaints of chronic low back and left shoulder pain. The injured worker has undergone a prior left shoulder subacromial decompression and manipulation under anesthesia performed in October of 2013. The injured worker did previously attend chiropractic therapy as well as post-operative physical therapy for the left shoulder. Injections for the left shoulder have been performed. The injured worker's urine drug screen as of 03/13/14 were positive for hydrocodone. As of 07/18/14 the injured worker continued to report tenderness to palpation in the lumbar spine at the paraspinal musculature as well as over the left shoulder at the acromioclavicular joint. The injured worker's requested medications were denied on 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: The updated clinical information for this injured worker does not identify any specific neurological condition or provide evidence of any ongoing neuropathic symptoms that would support the use of this medication as recommended by current evidence based guidelines. Although this medication can be considered for the treatment of ongoing neuropathic pain, the clinical documentation provided would not support its ongoing use in this case. As such, this request of Neurontin 600mg #60 is not medically necessary and appropriate.