

<b>Case Number:</b>	CM13-0029238		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 09/20/2011 due to repetitive trauma while performing normal job duties. The injured worker reportedly developed carpal tunnel syndrome that failed to respond to conservative treatments and resulted in carpal tunnel release in 02/2012. The injured worker was evaluated on 08/09/2013. It was documented that the injured worker had ongoing pain complaints rated at 9/10. It was also documented that the injured worker had been on Neurontin 300 mg 3 times daily which was increased to 600 mg 3 times daily. The injured worker's diagnoses included carpal tunnel syndrome and synovitis. A request was made for Neurontin 300 mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS (AEDs) Page(s): 16.

**Decision rationale:** The requested Neurontin 300 mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend

anticonvulsants as a first line medication in the management of chronic pain. The clinical documentation does indicate that the injured worker was previously prescribed 300 mg 3 times a day. It was noted that this did not offer the injured worker significant pain control as pain was rated at 9/10. The injured worker's treatment plan included titrating up to 600 mg 3 times a day. It was noted in the injured worker's evaluation dated 08/09/2013 that if the injured worker did not respond to this trial, additional medication usage would be considered. Although this is an appropriate treatment plan for this injured worker, the request as it is submitted did not include a frequency of treatment. Therefore, the appropriateness of the requested itself cannot be determined. As such, the request for Neurontin 300 mg #180 is not medically necessary or appropriate.