

<b>Case Number:</b>	CM13-0033012		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 53-year-old male who reported an injury on 03/06/2006 after falling off a roof and sustaining a fractured heel. The patient also had complaints of low back pain. The patient's chronic pain was managed with medications. The patient was referred to a substance abuse professional after having 2 separate urine drug screens test positive for methamphetamines. The patient's pain medications included fentanyl patches 50 mcg, 1 every 3 days; Norco 10/325 mg, 4 times a day; Neurontin 300 mg 3 times a day; and Relafen 750 mg twice a day. The most recent clinical documentation submitted for review did indicate that the patient's pain was poorly controlled. Increases in medication were recommended, and the addition of Lexapro 10 mg at nighttime was also prescribed. It was noted that the patient was determined to be a moderate risk for aberrant behavior, and would require an appointment for followup evaluation every 1 to 3 months. The patient reported that without medications, the patient's pain level was 10/10, and with medications, rated at an 8/10. The patient's diagnoses included chronic right ankle/foot pain, chronic low back pain, and psoriatic skin disorder. The patient's treatment plan included an increase in medications and a short course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

**Decision rationale:** The requested Neurontin 600 mg #90 dispensed on 09/12/2013 was not medically necessary or appropriate. The patient did have complaints of uncontrolled pain. The patient's pain was rated at a 10/10 without medications and was only decreased to an 8/10 with medications. California Medical Treatment Utilization Schedule recommends medication changes be introduced 1 at a time in an attempt to determine if the efficacy of each medication change. The clinical documentation submitted for review does indicate that the patient was prescribed multiple medication changes, with an increase in the patient's Neurontin dosage, an increase in the patient's Norco, and the addition of an antidepressant to the prescribed medication schedule. Multiple medication changes would not be supported by guideline recommendations. As such, the requested Neurontin 600 mg #90 dispensed on 09/12/2013 is not medically necessary or appropriate.