

<b>Case Number:</b>	CM13-0064198		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/16/2004
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine and Rehabilitation, 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 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:

This is a patient with a date of injury of 12/16/04. A utilization review determination dated 11/22/13 recommends modification of Neurontin from #60 to #24 for weaning. 1/14/14 supplemental report identifies that Neurontin was modified as the documentation failed to demonstrate improvement of at least 30-50% pain relief. The provider identifies that Neurontin is prescribed to manage neuropathic pain and has allowed the patient to function at work and perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Neurontin (Gabapentin) 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS Chronic Pain Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. MTUS Chronic Pain Guidelines further state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. The MTUS Guidelines go on to state that after initiation of treatment, there

should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit. The provider does identify that the patient is able to function at work and perform activities of daily living, but there is no comparison prior to the use of the medication, which is especially important to establish efficacy given that multiple other medications are also being utilized. In the absence of such documentation, the currently requested Neurontin is not medically necessary and appropriate.