

<b>Case Number:</b>	CM14-0004890		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Occupational 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:

This female patient has developed a chronic pain syndrome secondary to an injury dated 3/07/2011. The diagnosis includes type I CRPS syndrome with its associated swelling, discoloration, temperature dysregulation, allodynia and neuropathic pain. Mediations are being trialed for her condition. Lyrica has been previously trialed with minimal benefit. A trial of Neurontin 300mg 3x's per day is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300 MG CAPS, ONE BY MOUTH THREE TIMES PER DAY AS NEEDED FOR NEUROPATHIC PAIN, #90, 3 RE-FILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS FOR PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18,19.

**Decision rationale:** MTUS Guidelines support a trial and possible use of Neurontin for neuropathic pain. Guidelines recommend it as a first line drug when a diagnosis of neuropathic pain is supportable. In addition, the Guidelines also specifically state that it is medically reasonable to try Neurontin for CRPS syndrome. Neuropathic pain is ultimately a clinical

diagnosis that is based on a unique symptom constellation and this patient appears to have been appropriately diagnosed. MTUS Guidelines are clear that Neurontin can be an appropriate medication for her condition. The Neurontin 300mg. #90 with 2 refills is medically necessary.