

<b>Case Number:</b>	CM14-0101006		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesiologist, has a subspecialty in 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 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 62-year-old male who reported an injury on 08/25/2009. The mechanism of injury was repetitive cumulative trauma of both upper extremities. The injured worker was noted to be utilizing Neurontin since 11/2013. The injured worker's surgical history was noncontributory. The diagnostic studies were not provided. The documentation of 05/23/2014 revealed the injured worker had elbow, forearm, and finger pain. The injured worker indicated with his opioid medications the injured worker had an improved tolerance for sitting, standing, walking, and lifting as well as household chores. The injured worker's medications included Prilosec 20 mg capsules, tramadol ER 150 mg capsules and 50 mg capsules, Cymbalta 30 mg capsules, Klonopin 1 mg capsules, and Neurontin 300 mg capsules. The diagnoses included complex regional pain syndrome (CRPS) type 2, upper extremity; joint pain, wrist; sprain and strain of unspecified site of the wrist; and sprain and strain of unspecified site of the elbow. The injured worker indicated his pain was a 3/10 with medications and it was about 20% better since his last visit. The injured worker indicated that his medications allowed him to tolerate pain and improve his ability to sit, stand, walk, sleep, and perform light household chores. The request was made for a refill of medications and follow-up in 2 months. There was no rationale Request for Authorization submitted for review for the medications on the date of service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Neurontin 300mg 1 tab twice daily 28 days quantity 56, 4 refills for bilateral elbows, forearms, hands DOS 5/23/2014: 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 Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation of an objective decrease in pain. Additionally, the duration of use was since at least 11/2013. There was a lack of documentation indicating a necessity for 4 refills. Given the above, the request for retro Neurontin 300 mg 1 tab twice daily 28 days quantity 56, 4 refills for bilateral elbows, forearms, hands DOS 05/23/2014 is not medically necessary.