

<b>Case Number:</b>	CM14-0111776		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Family 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:

The injured worker is a 66 year old female who reported an injury to her neck. QME dated 03/17/14, indicated the initial injury occurred on 06/03/13 as a result of repetitive stress injuries in the right upper extremity and left upper extremity and cervical spine. The injured worker was diagnosed with cervical spine sprain/strain. The injured worker had a history of upper extremities spasms bilaterally and utilized elbow bands. Upon exam the injured worker had negative findings for Phalen testing. The injured worker demonstrated full range of motion throughout the upper extremities and had positive Wright maneuver. Reflexes were absent at the knees and ankles. Clinical note dated 06/25/14, indicated the injured worker continuing with upper extremities complaints. Upon exam tenderness was identified along the rotator cuff. Weakness was identified with resisted functional testing. Pain was primarily located on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 800 mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49 of 127.

**Decision rationale:** Current evidence based guidelines recommend the use of Gabapentin for the treatment of neuropathic pain. The submitted clinical documentation revealed no significant findings indicating the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin is not medically necessary.