

<b>Case Number:</b>	CM14-0127116		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/25/1998
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 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 patient is a 59-year-old female who has submitted a claim for cervicobrachial syndrome associated with an industrial injury date of 10/25/1998. Medical records from 12/6/13 up to 7/29/14 were reviewed showing neck, knee, and left upper extremity pain 7/10 in severity. Pain is characterized as achy, constant, and worse with activity. She also developed new onset left thumb pain which is sharp and numb. Physical examination revealed tenderness and mild swelling of the left thenar region. Examination of the knees showed tenderness and decreased ROMs bilaterally. Treatment to date has included Neurontin 300mg, Ultram, Naproxen, and omeprazole. Utilization review from denied the request for Neurontin 300mg, 3-4 tabs QD, #120. Review of the submitted medical records does not indicate neuropathic pain. It should not be given in varying doses or on an as-needed basis. The dosage of this medication that the patient is receiving is significantly less than the recommended target doses for maximal efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg, 3-4 tabs QD, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone<sup>TM</sup>, generic available), Gabapentin.

**Decision rationale:** According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. Starting regimen of 300 mg once daily on Day 1, then increase to 300 mg twice daily on Day 2; then increase to 300 mg three times daily on Day 3. Dosage may be increased as needed up to a total daily dosage of 1800 mg in three divided doses. Doses above 1800 mg/day have not demonstrated an additional benefit in clinical studies. In this case, the patient has been taking Neurontin since 5/6/2014 for her left thumb pain and numbness. Clinical manifestations are consistent with neuropathic pain. Her dosage of 300mg, 3-4 tabs per day falls within the recommended guidelines. Therefore, the request for Neurontin 300mg, 3-4 tabs QD, #120 is medically necessary.