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| <b>Case Number:</b>   | CM14-0154229 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 09/25/2010 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 09/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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 Anesthesiology and 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 35-year-old male who reported an injury on 09/25/2014, due to an unknown mechanism of injury. The injured worker ultimately developed symptoms consistent with complex regional pain syndrome. The injured worker's treatment history included stellate ganglion blocks, epidural steroid injections, multiple medications and physical therapy. The injured worker was evaluated on 07/21/2014. The injured worker's medications included Norco 10/325 mg, lidocaine ointment, nortriptyline, Topamax, Neurontin 600 mg and gabapentin 300 mg. It was noted that the injured worker had 10/10 without medication that was reduced to 5/10 and provided improvement in activity and ability to sleep. It was noted that the injured worker's night-time cramping of the right foot had improved due to the increased dose of gabapentin from 600 to 1200 mg per night. Physical findings included symptoms of allodynia and severe pain to the distal calf and right ankle. The injured worker had evidence of swelling and ankle and nail changes. The injured worker's treatment plan included continuation of medications and consideration of a spinal cord stimulator. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #60 with three (3) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics (AEDS) Page(s): 16.

**Decision rationale:** The requested Neurontin 600 mg #60 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of antiepileptics be supported by regular assessment and evaluation with documentation of 30% to 50% pain relief and increased functionality. The clinical documentation submitted for review does indicate that the injured worker has improved sleep patterns, increased function and 50% pain relief resulting from medication usage. However, the requested 3 refills does not provide for timely reassessment or re-evaluation to support the efficacy of the increased dosage that was reported in the clinical note. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin 600 mg #60 with 3 refills is not medically necessary or appropriate.