

<b>Case Number:</b>	CM14-0172588		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/28/2007
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man with sustained a work-related injury on July 28, 2007. Subsequent, the patient developed with chronic back pain. According to a progress report dated on September 3, 2014, the patient was complaining of back pain radiating to both lower extremities. The pain increased with repetitive movements. The patient physical examination demonstrated cervical tenderness with reduced range of motion, positive test for cervical radiculopathy and reduced sensation in the territory of C5 and C6 dermatomal. The provider request authorization to use Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN (GABAPENTIN) 600MG #60:** Upheld

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

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

**Decision rationale:** According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified

without documentation of efficacy. Therefore the request for NEURONTIN (GABAPENTIN) 600MG #60 is not medically necessary.