

<b>Case Number:</b>	CM14-0025881		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 underlying date of injury in this case is 06/18/2013. The patient's diagnoses include shoulder pain, cervical radiculopathy, postconcussive syndrome, and thoracic pain. The primary treating physician saw the patient in followup on 02/12/2014. The patient was noted to have ongoing pain status post his injury when a pipe had fallen from about 30 feet onto his head 06/18/2013. The patient reported at that time that gabapentin was helping some with radicular pain and sleep. A trial titration of gabapentin was recommended from 300 mg nightly to 300 mg 3 times per day. The initial physician reviews the patient's medical history and recommends an adverse decision regarding gabapentin. However, only a summary is available at this time of that report of 02/01/2014. There is a reference to an accompanying detailed report which is not available at this time to provide a clinical rationale regarding the initial physician noncertification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antiepileptic Medication Page(s): 16-17.

**Decision rationale:** The Medical Treatment Utilization Schedule, Section on Antiepileptic Medication, page 17, states that after initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. The medical records do document such benefits and intention to titrate the medication to achieve an optimal mix of benefits versus side effects. The treatment guidelines have been met. This request is supported by the treatment guidelines. Neurontin 300mg #90 is medically necessary and appropriate.