

<b>Case Number:</b>	CM14-0030471		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 02/05/2010. The mechanism of injury was not provided. On 01/09/2014, the injured worker presented with pain in the mid-back, lower back, right hip and outer aspect of the right leg. Upon examination of the lumbar spine, there was decreased range of motion secondary to pain and positive lumbar tenderness and paraspinal muscle spasm. Current medications included Neurontin, Flexeril, Methoderm cream, Flurbiprofen and lidocaine cream. The provider recommended Neurontin 300 mg 3 times a day with a quantity of 90. The provider's rationale was not provided. The Request for Authorization form was dated 01/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 mg one TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-22.

**Decision rationale:** The request for Neurontin 300 mg 1 three times a day with a quantity of 90 is not medically necessary. The California MTUS Guidelines state Neurontin has been shown to be effective for diabetic painful neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation and side effects incurred with use. The continued use of AEDs depend on improved outcomes versus tolerability of adverse effects. The injured worker has been prescribed Neurontin since at least 01/2014. The efficacy of the medication was not provided. As such, the request is not medically necessary.