

<b>Case Number:</b>	CM14-0031463		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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 applicant is a represented farm labor contractor who has filed a claim for shoulder pain, neck pain, and low back pain reportedly associated with an industrial injury of July 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and cervical epidural steroid injection on February 14, 2014. In a Utilization Review Report of January 22, 2014, the claims administrator denied a request for Neurontin, stating that the applicant did not carry a diagnosis of neuropathic pain for which Neurontin would have been indicated. The applicant's attorney subsequently appealed. On February 14, 2014, the applicant did undergo cervical epidural steroid injection for cervical radiculopathy. A January 16, 2014 handwritten progress note is notable for comments that the applicant was reporting neck pain radiating to the bilateral arms and low back pain radiating to bilateral legs, 6/10. A cervical epidural steroid injection was pending. The applicant was not working. Hypersensory is noted about the left forearm and thumb. The applicant was using a cane to move about. Cervical epidural steroid injection therapy and Neurontin were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 600MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDS, GI Symptoms & Cardiovascula.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin or Neurontin is a first-line treatment for neuropathic pain. In this case, the applicant does have neuropathic or radicular pain referable to both the cervical and lumbar spines. Introduction of Neurontin is indicated and appropriate to combat the same. Therefore, the request for Neurontin 600 mg # 60 is medically necessary and appropriate.