

<b>Case Number:</b>	CM14-0056396		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine and is licensed to practice in Georgia. 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 50-year-old male who experienced left hip pain on June 3, 2013. The pain radiated from the left hip to the thigh and calf. He was treated with/by antiepileptic medication for chronic pain (neurontin), physical therapy, and cognitive behavioral therapy. Following the injury he experienced chronic pain and ambulated with an assistive device. He was not released to work. A computed tomography scan of the left leg on October 23, 2013 revealed a healing subacute sub-trochanteric fracture that the interpreting physician described as likely a chronic stress fracture. The treating physician documented the injured worker to have chronic hip pain from weight bearing and neuropathic pain on March 21, 2014. The injured worker was noted to have an unremarkable neurological examination during the same visit. The treating physician prescribed neurontin during the appointment and recommended up-titration at follow-up evaluation on March 27, 2014. The use of other analgesic medications such as non-steroidal anti-inflammatory agents was not documented. Pertinent documents reviewed for the injury and treatment summary include utilization review application, utilization review decision, physical therapy notes, treating physician notes, and imaging reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 100 mg, QTY: 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18-19.

**Decision rationale:** The injured worker has chronic left hip pain radiating to the left calf. The treating physician classified the pain as neuropathic. The MTUS citation listed provides specific indications for gabapentin (neurontin) as, effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The treating physician has described the pain as neuropathic and initiated gabapentin therapy. The documented neurological examination of the injured worker's legs is not consistent with a neuropathic problem. A clinical note on March 21, 2014 reports the injured worker to have normal musculature. Sensation is grossly intact. Deep tendon reflexes are intact in the legs and ankles bilaterally. Sitting straight leg raise and supine straight leg raise is negative. Based on the documented examination, specific indications for gabapentin are not present. Moreover, the disputed service is the prescription of neurontin 100 mg 1-6 at night, which lacks discrete quantities to be taken and dispensed. The computed tomography scan of the left leg did demonstrate a healing fracture. However, gabapentin is recommended for neuropathic pain as opposed to musculoskeletal pain. The requested prescription also lacks specific instructions. Therefore, the request for Neurontin 100 mg, qty: 100 is not medically necessary and appropriate.