

<b>Case Number:</b>	CM14-0111005		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 52-year-old woman who sustained a work-related injury on April 6, 2009. Subsequently, she developed back and knee pain. According to the progress report dated February 28, 2014, the patient reported constant right lower extremity pain but varying in intensity, centered at the patella and medial and lateral knee area radiating to the right knee. She rated her pain as an 8-10/10. She also complained of constant left lower extremity pain, centered over the lateral ankle and dorsal distal foot, accompanied by lateral ankle, dorsal and lateral foot swelling. She rated her pain as a 9/10. The patient did affirm right knee stiffness as well as extreme right knee light touch sensitivity. She noted left foot numbness and weakness. The patient was diagnosed with left ankle region arthralgia, predominant neuropathic pain, complex regional pain syndrome, reflex sympathetic dystrophy, and reactive anxiety and depression with history of suicidal ideas. The provider requested authorization for Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #180 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications Page(s): 18.

**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 300mg #180 with 4 refills is not medically necessary.