

<b>Case Number:</b>	CM14-0205635		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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:

This 70 year-old patient sustained an injury on 4/23/2003 while employed by. Request(s) under consideration include Neurontin 600mg #120 with 3 refills. Diagnoses include spinal stenosis/ chronic low back pain/ degenerative disc disease/ chronic limb pain/ post-laminectomy syndrome; s/p knee joint replacement; and atrial flutter. Conservative care has included medications, therapy, and modified activities/rest. Medications list Vitamin B12, Digoxin, Pradaxa, Alendronate, Methadone, Norco, Neurontin, Flecainide, and theragesic rub. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/3/14 from the provider noted the patient with persistent severe pain in the gluteal region radiating to the right foot and left knee described as piercing and stabbing, relieved with over the counter medication, pain medications and therapy rated at 8/10 without and 4/10 with medications. It was noted medications help with less pain and more energy. Exam showed unchanged lumbar spine with restricted mobility in all planes along with tenderness. Treatment was for continued medications. The request(s) for Neurontin 600mg #120 with 3 refills was modified without refills on 12/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AED).

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

**Decision rationale:** Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2003 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. The patient continues with persistent severe pain despite multiple medications for pain such as Methadone and Norco. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Neurontin 600 mg #120 with 3 refills is not medically necessary and appropriate.