

<b>Case Number:</b>	CM14-0206569		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/02/2001
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

This is a 46 year old male who sustained a work related injury on 5/02/2001. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the most recent submitted Secondary Treating Physician's Progress Report dated 9/29/2014 the injured worker reported small improvements with a home exercise program. He states Neurontin has been helpful for his ongoing pain. Objective physical examination revealed a restricted gait and lumbar spine range of motion that is painful with flexion. A urine toxicology screen was negative for opioids or illegal substances and was consistent with prescribed medications. Diagnoses included chronic pain syndrome and severe post-traumatic stress syndrome/major depressive disorder. The plan of care included medication management and continuation of omeprazole prescribed by a gastroenterologist. He was encouraged to use his oral guard for bruxism and snoring, and a one year gym membership was recommended. Disability status is permanent and stationary. On 11/15/2014, Utilization Review non-certified a prescription for Neurontin 300mg #90, based on lack of medical necessity. The CA MTUS ACOEM Practice Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-21.

**Decision rationale:** The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Neurontin 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. The injured worker is reported to having improved pain, but there are no clinical findings that confirm functional improvement. Medical necessity has not been established within the recommendations of the MTUS Guidelines. The request for Neurontin 300mg #90 is determined to not be medically necessary.