

<b>Case Number:</b>	CM15-0132370		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 48 year old female patient who sustained an industrial injury on 07/01/2009. A primary treating office visit dated 12/09/2014 reported the patient having more relief after having had trigger point injections 3 weeks prior. She continues having pain in the right elbow with an increased pain in right trapezius. Current medications are: Omeprazole, Flexeril, Neurontin, Voltaren gel, Vicodin and Meloxicam. In addition, she utilizes a transcutaneous nerve stimulator unit. She was administered 4 trigger point injections and is to continue with physical therapy session and obtaining a urine sample. The treating diagnoses were: myofascial pain syndrome, chronic; cervical spine strain/sprain; lateral right epicondylitis and status post right lateral epicondylitis. Work status report dated 12/09/2014 reported a modified work duty schedule. The plan of care through 01/13/2015 was with recommendation to undergo a course of physical therapy. A recent follow up visit dated 06/04/2015 reported the patient with subjective complaint of having right elbow pain that is mainly brought on by activity, although there is some discomfort at rest. She is status post TENEX micro-debridement of the epicondyle and lateral extensor in November 2014. She was diagnosed with having persistent elbow epicondylitis refractory to previous surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 mg #100 with no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED.

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

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no documentation that the patient sustained a neuropathic pain. Therefore, the prescription of Neurontin 600mg #100 is not medically necessary.