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| <b>Case Number:</b>   | CM15-0141336 |                              |            |
| <b>Date Assigned:</b> | 07/31/2015   | <b>Date of Injury:</b>       | 03/07/2007 |
| <b>Decision Date:</b> | 09/24/2015   | <b>UR Denial Date:</b>       | 07/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female, who sustained an industrial injury on March 7, 2007. She reported headaches, neck pain, low back pain, right shoulder pain, right wrist pain, right elbow pain and right hand pain following a fall. The injured worker was diagnosed as having status post concussive syndrome, post-traumatic headaches, dizziness and ringing in the right ear, cervical strain greater on the right side, right cervical radiculopathy, right elbow strain with epicondylitis, right carpal tunnel syndrome, lesion of the ulnar nerve, joint pain in the hand, joint pain in the forearm, lumbar strain with bilateral lower extremity radiculopathy, right hip strain, depression, anxiety and status post right carpal tunnel surgery and right shoulder surgery. Treatment to date has included diagnostic studies, electro diagnostic studies, surgical intervention of the right wrist, physical therapy, injections to the right wrist and lumbar spine, medications and work restrictions. Currently, the injured worker continues to report headaches, neck pain, low back pain, right shoulder pain, right wrist pain, right elbow pain and right hand pain with associated tingling and numbness of the lower extremities and upper extremities. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Lumbar epidural steroid injection was performed on January 15, 2015. She reported 80% improvement with previous lumbar injections. She Evaluation on March 27, 2015, revealed continued pain with associated symptoms as noted. She reported a 50% improvement with opioid therapy and noted she was able to decrease pain medications with previous injection therapy. Electro diagnostic studies on June 1, 2015, revealed mild abnormalities of the bilateral carpal tunnel syndrome,

mild bilateral carpal tunnel syndrome and negative cervical radiculopathy and peripheral neuropathy findings. Evaluation on June 1, 2015, revealed continued pain as noted. Left and right Tinnel's tests were negative in the wrists. Tinnel's sign of the right elbow was mildly positive. It was noted she had decreased range of motion of the cervical and lumbar spine. Straight leg test on the right side was positive. She was noted to have a mildly antalgic gait. Neurontin was suggested for prophylactic headache and chronic pain therapy. Neurontin 300 mg, prescribed on 6/1/2015 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 300 mg, prescribed on 6/1/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 19.

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

**Decision rationale:** The patient presents on 06/01/15 with lower back pain (right greater than left), neck pain, and right wrist and shoulder pain. The patient's date of injury is 03/07/07. Patient is status post unspecified right wrist surgery, status post right shoulder open repair on 09/04/13. The request is for NEURONTIN 300MG, PRESCRIBED 06/01/2015. The RFA was not provided. Physical examination dated 06/01/15 reveals positive carpal tunnel compression test bilaterally producing numbness and tingling in the fingers, tenderness to palpation of the lateral and medial aspects of the elbow, moderate tenderness and spasms in the lumbar musculature, and positive straight leg raise test on the right. The patient is currently prescribed Norco, Neurontin, Advil, and Ristoril. Patient is currently advised to return to work with light duties. MTUS Guidelines Anti-epilepsy Drugs section, pg 18, 19 states: "Gabapentin -Neurontin, Gabarone, generic available- 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." MTUS Guidelines, Pain Outcomes and Endpoints section, Page 9 states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Neurontin, pain reduction or functional improvement attributed to this medication has not been established. This patient has been prescribed Gabapentin since at least 03/27/15. Progress note dated 06/01/15 lists Neurontin among this patient's active prescriptions, though the provider neglects to provide any documentation of efficacy. There is a section focusing upon the efficacy of opioid medications, however no discussion of Neurontin is included. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, none is provided. Therefore, the request IS NOT medically necessary.