MAXIMUS Federal Services

| Case Number: | CM15-0167642 | | |
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| Date Assigned: | 09/11/2015 | Date of Injury: | 02/19/2009 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

## 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 51 year old female who sustained an industrial injury on 2-19-09. A review of the medical records indicates she is undergoing treatment for chronic lumbar pain, lumbar radiculopathy, chronic cervical pain, history of bilateral shoulder surgeries with residual pain, and history of bilateral knee complaints with tendinosis. Medical records (2-2-15 to 7-27-15) indicates that she has had ongoing complaints of neck pain, bilateral upper extremity, lower back and right knee pain. She was noted to have pain, numbness, tingling, and weakness of bilateral upper extremities, affecting the right greater than left, on 3-2-15. Her pain has been treated with various medications, including Nucynta, Robaxin, Lidoderm patches, Gabapentin, and Norco. The records indicate that she has a remote history of physical therapy, but has not received any treatment modalities except medications since 2-2-15. The 7-27-15 progress report indicates that she presented to the emergency department for complaints of "severe right knee pain with significant swelling". X-rays were obtained and she was discharged on Topamax. On the 7-27-15 exam, she continued to have right knee pain, as well as neck, bilateral shoulder, and low back pain. She was noted to be taking Gabapentin. The physical exam revealed tenderness and spasm of the lumbar spine with decreased range of motion. Her gait was noted to be antalgic. There was swelling of the right knee with limited flexion and "diffuse tenderness". The treatment recommendation was to "continue Diclofenac" and request authorization for Neurontin 300mg, #90, Norco 5mg, #15, and Flexeril for stiffness and spasm. The utilization review (8-6-15) indicates denial of the request for Neurontin due to lack of documentation of "neuropathic type pain symptoms or any objective findings to support this diagnosis".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin (Gabapentin) 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p 17, "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 AEDs depends on improved outcomes versus tolerability of adverse effects." With regard to medication history, the injured worker has been using gabapentin since at least 10/2014. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed.