

<b>Case Number:</b>	CM15-0188246		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 53 year old female, who sustained cumulative industrial injuries from 06-01-2004-07-11-2012. She has reported subsequent neck, bilateral upper extremities, bilateral lower extremities, and low back pain and was diagnosed with lumbar sprain and strain, intervertebral disc disorder, cervical radiculopathy and shoulder impingement. Neurodiagnostic studies of the bilateral upper extremities dated January 2015 were noted to show bilateral median neuropathy across the wrists and moderate left carpal tunnel syndrome and mild right carpal tunnel syndrome and chronic left C6 radiculopathy. Neurodiagnostic studies of the lower extremities were noted to show chronic right L5 radiculopathy. Treatment to date has included pain medication, which was noted to help relieve pain and improve function. In a progress note dated 08-27-2015, the injured worker reported continued neck and back pain radiating to the upper and lower extremities. Objective examination findings showed spasm, tenderness and guarding in the cervical and lumbar paravertebral musculature with loss of range of motion in both and decreased sensation bilaterally in the C5, L5 and S1 dermatomes. The physician noted that medications would be refilled as they provided pain relief and functional improvement. There were no specifics given as to the degree of pain relief obtained with medication and the exact functional improvements noted with use of the medication. Work status was documented as temporarily totally disabled. A request for authorization of Neurontin 300 mg #90 with 5 refills was submitted. It's unclear as to whether Neurontin was previously prescribed and if so for how long the medication had been prescribed. As per the 09-01-2015 utilization review, the request for Neurontin 300 mg #90 with 5 refills was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #90 with 5 refills:** 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:** 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 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status remaining TTD, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Neurontin 300mg #90 with 5 refills is not medically necessary and appropriate.