

<b>Case Number:</b>	CM15-0052493		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male, who sustained an industrial injury on September 11, 2000. He reported a crushing injury involving the neck, and both legs. The injured worker was diagnosed as having lumbago, right foot fracture, dislocation of tarsal's, and metatarsals, fracture of femurs, fracture of right fibula, and fracture of left second finger. He had electrodiagnostic testing of the lower extremities which also revealed an axonal polyneuropathy. Treatment to date has included hospitalization, medications, multiple surgeries, psychiatric consultation, and radiographs. On February 24, 2015, he was seen for continued low back, bilateral hip, and ankle pain. The treatment plan included: prescriptions for MS Contin, Percocet, Neurontin, Colace and Testosterone; encouraged to stay active; random urine drug screening, and 2 month follow-up. The records indicate he reported his pain level with medications as 10/10 and without medications as 4/10 on a pain scale. The records indicate he has been utilizing MS Contin, Percocet, Colace, and Neurontin since at least November 2011. The request is for Neurontin 800mg #90 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 800mg #90 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Neurontin 800mg #90 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has axonal polyneuropathy in the lower extremities. Neurontin is an appropriate medication for this patient however 4 refills cannot be granted without monitoring of efficacy and functional improvement from this medication. Therefore the request for Neurontin 300mg is not medically necessary.