

<b>Case Number:</b>	CM14-0142205		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Osteopathic Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40 year old male with a date of injury dated 2/4/10. The patient is a bridge carpenter who sustained injuries to his low back, left shoulder, left knee and left foot when a large cast iron pipe extruded and fell on his left foot. He has undergone left knee surgery with mild relief. The patient is diagnosed with RSD, chronic low back pain, sleep disturbance, psychiatric complaints, and chronic knee pain. Examination report dated 7/20/14 noted that the patient is status post lumbar sympathetic block and is 80-90% better. Pain is rated 2/10 and function has improved. (It should be noted that these findings are hand written over crossed out printed report of continued left leg pain rated 7/10, complaints of burning, increased sensitivity, swelling, color changes and reports of mild relief with medication). Objective findings note improved swelling and improved hypersensitivity. The patient is to continue with Elavil, Neurontin and Norco. Utilization review dated 8/14/14 reviewed 6/4/14 and 7/30/14 report and denied the request for Neurontin as there was no demonstration of improvement in pain or function with the use of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #60:** Overturned

**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, (AED)s Page(s): 16-21.

**Decision rationale:** Neurontin is an AED which is considered first line adjuvant in the treatment of chronic neuropathic pain. The patient appears to have had significant improvement with lumbar sympathetic block. The patient diagnosis supports the use of this medication. Neurontin 300mg #60 is medically necessary to address the patient's neuropathic pain.