

<b>Case Number:</b>	CM14-0165550		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Family Medicine 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:

This is a 67 year old female patient who sustained a work related injury on 3/26/2008. She sustained the injury due to a slip and fall. The current diagnoses include osteoarthritis not otherwise specified and pelvic/thigh pain. Per the doctor's note dated 9/2/14, the patient had complaints of left hip pain with giving way sensation. Physical examination of the left hip revealed tenderness around the trochanter and into the groin, very painful with motion, some weakness in joint, range of motion- extension 0, flexion 80, internal rotation 0, fixed external rotation 10, external rotation 0, abduction 10 and adduction 10 degrees; strength- abductor 4/5 and flexor 5/5. The medication list includes Aspirin, Detrol, Keppra, Lisinopril, Metformin, Simvastatin, Xarelto, Norco, Soma, Tramadol and Lidoderm patch. Patient was prescribed Cipro, Percocet, Oxycontin, Neurontin, Robaxin and Xarelto. She has had Synvisc injections in the left knee. She has undergone submucous resection of the left turbinate in approximately in 1974, right total knee arthroplasty in 2012 and fracture repair right medial femoral condyle. She has had left hip x-ray dated 1/6/14 which revealed degenerative joint disease; left knee X-ray dated 1/6/14 which revealed moderate degenerative joint disease; right knee X-ray dated 1/6/14 which revealed status post right total knee arthroplasty and evidence of surgical staples over an apparent healed fracture of the medial femoral condyle, possible joint space widening lateral ; the CT scan of the right knee on 9/24/13 which revealed no CT evidence for any prosthesis abnormalities; an MRI of the lumbar spine in 2013 which revealed multi-level disc bulges and a disc protrusion was noted at L4 - 5 moderately impressing the thecal sac, a disc bulge at L3-4 mildly impressing the thecal sac and neural foraminal narrowing and facetarthrosis at multiple levels bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 76-80, 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)." Per the records provided patient had chronic left hip pain with degenerative changes, osteoarthritis. Gabapentin is recommended in neuropathic pain. Evidence of neuropathic pain is not specified in the records provided. Evidence of diabetic painful neuropathy and postherpetic neuralgia is not specified in the records provided. The medical necessity of the Neurontin is not fully established in this patient.