

<b>Case Number:</b>	CM14-0084481		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### **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 Physical Medicine and Rehabilitation, 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:

According to the records made available for review, this is a 47-year-old female with a 8/27/04 date of injury. At the time (4/22/14) of request for authorization for Neurontin 300mg, 1 po qhs #100 with one refill, there is documentation of subjective (moderate aching and discomfort in elbow, and some intermittent tingling involving the right hand, more so than the left) and objective (minimal tenderness lateral epicondyles, minimal tenderness wrists, decreased grip strength, and no sensory or motor dysfunction) findings, current diagnoses (bilateral epicondylitis lateral tennis elbow, bilateral sprain wrist, bilateral tendinitis arm, bilateral carpal tunnel syndrome, and bilateral bicipital tendonitis), and treatment to date (medications (including Neurontin, Celebrex, Flector patches, and Tylenol)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 300mg, 1 po qhs #100 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of bilateral epicondylitis lateral tennis elbow, bilateral sprain wrist, bilateral tendinitis arm, bilateral carpal tunnel syndrome, and bilateral bicipital tendonitis. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Neurontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg, 1 po qhs #100 with one refill is not medically necessary.