

<b>Case Number:</b>	CM14-0166340		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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. 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 36-year-old female who reported injury on 08/01/2007. The mechanism of injury was not specified. Her diagnoses include cervical strain, thoracic sprain, lumbar disc bulge, left shoulder sprain, right shoulder tendinosis, and L5-S1 spondylolisthesis. Her past treatments include medication, surgery, and physical therapy. On 12/18/2014, the injured worker complained of low back pain that radiated to the right lower extremity and hips to the feet. The pain was rated at a 3/10. The objective findings were illegible. Her relevant medications included Norco 300 mg. The treatment plan included caudal epidural steroid injection, Norco and Neurontin. A rationale was not provided for review. A Request for Authorization form was submitted on 12/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg QTY: 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** The request for Neurontin 300mg QTY: 30.00 is not medically necessary. According to the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain and. In addition, there should also be documentation of a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. There should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. The injured worker is indicated to have been on Neurontin for an unspecified duration of time. However, there is lack of documentation to indicate the injured worker had diabetic painful neuropathy or postherpetic neuralgia. Furthermore, there was lack of documentation to indicate the injured worker had a good response to medication of at least 30% to 50% reduction in pain and improvement in function. There was also lack of documentation in regard to side effects incurred with use. In the absence of the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.