

<b>Case Number:</b>	CM15-0122174		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 11/19/2011. The injured worker reported pain to the neck and left shoulder after lifting and moving scales. The injured worker was diagnosed as having chronic neck pain and shoulder pain, unable to rule out cervical radiculopathy and cervical disc disease, unable to rule out left shoulder impingement syndrome, and unable to rule out thoracic outlet syndrome. Treatment and diagnostic studies to date has included medication regimen, Toradol injection, and x-rays. In a progress note dated 05/29/2015 the treating physician reports complaints of pain to the neck and upper back along with numbness to the bilateral hands with the right worse than the left. Examination reveals pain with range of motion and limited strength to the bilateral deltoids secondary to pain. The injured worker's medication regimen included Naproxen Sodium, Neurontin, and Omeprazole. The injured worker's pain level is rated a 9 out of 10 without use of his medication regimen and an 8 out of 10 with use of his medication regimen. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested Neurontin 600mg with a quantity of 90, noting current use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen 2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of cervical radiculopathy. Therefore, the request is medically necessary.