

<b>Case Number:</b>	CM15-0123124		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old female who sustained an industrial injury on 11/23/04. Diagnoses include degenerative disc disease cervical spine, shoulder strain/sprain, cervical radiculitis, encounter long-term drug use, chronic pain syndrome, and status post cervical surgery. In a progress report dated 6/2/15, the treating physician notes chief complaints of pain in the neck and bilateral shoulders and hands. She is recovering from neck surgery done in January 2015. She just started taking the neck brace off and is having neck spasms in the neck muscles. Neck and shoulder pain is described as constant, burning, shooting, tingling, numbing, pressure, cramping, and throbbing with a severity of 4/10 and is worse with activity. Current pain is reported as 6/10 with average pain at 7/10. Intensity of pain after taking opioids is 6/10 and pain relief lasts 2-6 hours. Current medications are Oxycontin 20mg, Oxycontin 15mg, Norco 10/325mg, Viastaril 25mg, Prilosec 20mg, and Neurontin 300mg. Physical exam notes tenderness in the paraspinals and decreased range of motion about 25% of normal. She walks with a cane. She is having increased spasms with increased activity. The plan is to continue with the slow weaning of the narcotic medication. The 4 A's for ongoing medication monitoring was done. Owestry without medication is 94% and with medications is 90%. Work status is temporary total disability. Urine drug screening was done on 3/13/15. Previous treatment includes cognitive behavioral therapy, elctromyography, cervical epidural steroid injection- 6/20/14, physical therapy, Duloxetine, Ambien, Clonazepam, Oxycontin, Norco, Neurontin, and Lorzone. The treatment requested is Neurontin 300mg, #150 with 12 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #150 with 12 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Functional improvement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-18.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2004 and continues to be treated for chronic neck pain. She underwent a multilevel anterior cervical decompression and fusion on 01/21/15. When seen, she was continuing to recover from surgery. She was having ongoing neck, shoulder, and hand pain. She had started discontinuing use of a cervical brace and was having neck spasms. Physical examination findings included decreased cervical spine range of motion with diffuse tenderness. She was noted to ambulate with a cane. Opioid weaning was continued. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant is Gabapentin dosing consistent with that recommendation and she has a diagnosis of neuropathic pain. Ongoing prescribing was medically necessary.