

<b>Case Number:</b>	CM15-0075945		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: California

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 35-year-old male, who sustained an industrial injury on 5/14/12. The injured worker has complaints of aching and burning in her neck, which radiates to the bilateral shoulders. The diagnoses have included status anterior cervical discectomy and fusion (ACDF) C4-5 and C5-6 on 3/25/14 and left L5-S1 (sacroiliac) radiculopathy. Treatment to date has included mid foraminal narrowing on 1/20/15; anterior cervical discectomy and fusion (ACDF) on 3/25/14; butrans patch has been burning her skin; Neurontin for neuropathic pain; trial of nucynta extended release; magnetic resonance imaging (MRI) of the brain, cervical spine and lumbar spine; urine drug screen consistent for medications and physical therapy. The request was for neurontin 300mg quantity unspecified. Notes indicate that the patient utilizes Butrans and gabapentin which reduces or pain from 8-9/10 to 5-6/10. The notes go on to indicate that the medications allow the patient to activities around the house and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Neurontin (Gabapentin); Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, 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. Unfortunately, although the requesting physician has documented analgesic efficacy, objective functional improvement, and neuropathic pain complaints, the current request for Neurontin is open-ended. Guidelines state that this medication should be reevaluated with documentation of analgesic efficacy and objective functional improvement as well as discussion regarding side effects, to support its ongoing use. Guidelines do not support the open-ended application of any medication. Unfortunately, there is no provision to modify the current request. As such, the currently requested neurontin is not medically necessary.