

<b>Case Number:</b>	CM14-0141463		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Nevada. 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:

The records, presented for review, indicate that this 53-year-old gentleman was reportedly injured on January 29, 2007. The most recent progress note, dated July 28, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities as well as headaches. Current medications include Lidoderm patches, Protonix, Norco, and gabapentin. Pain was rated at 9/10 without medications and 5/10 with medications. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles from L2 through L4 as well as the bilateral sacroiliac joints. There were severe tenderness and spasms in the right buttocks and posterior thigh. There was decreased lumbar spine range of motion and a positive bilateral Patrick's test. Neurological examination indicated decreased sensation at the left posterior thigh and left lateral foot. Diagnostic imaging studies of the lumbar spine revealed evidence of a prior discectomy and fusion at L4-L5. Previous treatment included physical therapy, activity modification, and oral medications. A request had been made for Neurontin 300 mg and was not certified in the pre-authorization process on August 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #120:** Overturned

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

**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): 16-20, 49 of 127.

**Decision rationale:** The California MTUS considers Neurontin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence of neuropathic and radicular pain on exam. As such, the request for Neurontin 300 mg is medically necessary.