

<b>Case Number:</b>	CM14-0143730		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2002
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 57-year-old female with chronic back pain. She's taking medications without relief. Physical examination reveals reduced range of motion lumbar spine. Straight leg raising is positive on the right. He is decreased sensation L3-4 and 5 dermatomes. MRI lumbar spine shows evidence of facet arthropathy with spondylolisthesis of L4-5. X-ray show degenerative disc condition at L3-4 and L4-5. The patient has a date of injury of January 21, 2013. The patient has not gotten better with physical therapy. At issue is whether lumbar fusion surgery an MRI of medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 400mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The use of Neurontin/Gabapentin is recommended for the treatment of neuropathic pain. The clinical documentation indicates the injured worker having been diagnosed with RSD. The use of Gabapentin is indicated to address symptoms associated with

RSD. However, no information was submitted regarding the efficacy of the ongoing use of this medication. As such, the request is not medically necessary.

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