

<b>Case Number:</b>	CM14-0147584		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker is a 59-year-old male who was involved in a motor vehicle accident on August 11, 2013. He developed pain to the left knee, right shoulder, and low back. He had a period of physical therapy and medication management and on November 8, 2013 had these body regions scanned via MRI. The lumbar spine revealed disc protrusions at L2-L3 and L4-L5, the right shoulder revealed a partial thickness rotator cuff tear and chondrocalcinosis, and the left knee revealed a chronic partial thickness ACL tear, joint effusion with debris, and a possible tear of the lateral meniscus. Electrodiagnostic studies revealed evidence of a chronic bilateral radiculopathy at L5. The physical exam shows tenderness to palpation and diminished range of motion of the lumbar spine with diminished sensation of the left L5 dermatome region, diminished range of motion of the right shoulder, and crepitus of the left knee. The injured worker was prescribed Neurontin 300 mg at bedtime on August 12, 2014. The diagnoses include lumbar facet syndrome, low back pain with radiculopathy, lumbar disc protrusion, osteoarthritis of the left knee, hypertension, and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg PO q HS total of 30 for one supply related to lumbar spine injury:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary,

[www.odg-twc/formulary.htm](http://www.odg-twc/formulary.htm) \* [drugs.com](http://www.drugs.com) ACOEM - [http://www.acoempracguides.org/Low Back](http://www.acoempracguides.org/LowBack); Table 2, Summary of Recommendations, Low Back Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 16-22.

**Decision rationale:** 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. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of Gabapentin and Gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. For lumbar spinal stenosis, it may be recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. However, Neurontin does not have an indication for and has not been extensively studied for radiculopathy pain. A review of the MRI scan in this case reveals no evidence of spinal stenosis. It seems the Neurontin was prescribed to aid with radicular pain. Therefore, Neurontin 300 mg, #30, is not medically necessary in this instance.