

<b>Case Number:</b>	CM14-0141124		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	08/13/2014
<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. 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 53 year old female with a September 11, 2009 date of injury. A progress note dated July 17, 2014 documents subjective complaints (back pain radiating down both legs; pain level unchanged since last visit; fair sleep quality), objective findings (right sided antalgic gait; restricted range of motion of the cervical spine tenderness of the right cervical paravertebral muscles; range of motion of the lumbar spine restricted due to pain; tenderness to palpation of the lumbar paravertebral muscles bilaterally; L4 and L5 spinous process tenderness; unable to heel walk or toe walk; positive straight leg raising test bilaterally; tenderness over the bilateral gluteal muscles; decreased strength of the bilateral lower extremities; decreased sensation to light touch over the lateral calf and anterior thigh, lateral thigh on the right side; decreased sensation to pinprick over the lateral calf and lateral thigh on the right, and absent over the dorsum and lateral aspect of the foot on the right), and current diagnoses (lumbar disc disorder; lumbar radiculopathy; lumbar spine stenosis). Treatments to date have included medications, multiple lumbar epidural steroid injections, electromyogram-nerve conduction studies (January 5, 2010; showed evidence of diffuse active muscle denervation consistent with significant lumbar stenosis, predominantly at L4-5), magnetic resonance imaging of the lumbar spine (November 5, 2009; showed degenerative disc disease and facet arthropathy with retrolisthesis at L3-4 and L5- S1 with grade I anterolisthesis at L4-5; canal stenosis; neural foraminal narrowing), and activity modifications. The treating physician documented a plan of care that included Neurontin 800mg #360.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 800mg, #360 (unspecified days supply): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-18.

**Decision rationale:** With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and Pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "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." The medical records indicate that the injured worker has been using this medication since at least 7/2014. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed. Furthermore, the request for 3 month supply is not medically necessary or appropriate.