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| <b>Case Number:</b>   | CM13-0009569 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 11/14/2005 |
| <b>Decision Date:</b> | 07/11/2014   | <b>UR Denial Date:</b>       | 08/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/09/2013 |

### 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 Neurological Surgery and is licensed to practice in California. 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 employee is a 54-year-old gentleman who states that he sustained a work related injury on November 14, 2005. The medical record does not state the mechanism of injury. There's a history of a prior lumbar discectomy performed in September 2009. The most recent note in the attached medical record is dated January 16, 2014, and the injured employee complained of back pain radiating to his right leg. A recent drug test was completed. Current medications were stated to include Percocet, Neurontin, Avinza, and Nabumetone. The physical examination of this 6'3" 230 pound male noted decreased lumbar range of motion with pain inflection, 5/5 lower extremity muscle strength and distal sensation within normal limits. There was a diagnosis of lumbar disc disease, bulging lumbar disc, lumbar facet arthropathy, and post laminectomy syndrome. Percocet and Avinza were refilled. A previous utilization management review was dated August 1, 2013, which certified requests for Avinza and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 400 MG, #180 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, Neurontin is indicated for treatment of diabetic neuropathy, postherpetic neuralgia, and a first-line treatment for neuropathic pain. While the injured employee does relate symptoms of radiculopathy there is a normal neurological examination in the attached medical record. Without any objective neuropathic findings this request for Neurontin is not medically necessary.