

<b>Case Number:</b>	CM13-0048065		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 04/20/2012. The mechanism of injury was not submitted. The patient was diagnosed with lumbago. The patient had been treated with epidural steroid injections, physical therapy, and home exercise program. The patient had ongoing low back pain with radiating symptoms down the bilateral lower extremities, left greater than right. The patient's medications included Ultracet, Relafen, Lexapro, Flexeril, and Neurontin. Objective findings included ongoing tenderness to the lumbar spine. The patient was moving slowly and favoring his low back. The patient had decreased range of motion in all planes secondary to pain. The patient had an MRI of the lumbar spine that showed multilevel degenerative disc disease. There was a left paracentral disc protrusion at L5-S1 involving the left descending S1 nerve root. The patient was recommended Neurontin 600 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 600MG #90 (DOS:10/02/2013):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18.

**Decision rationale:** CA MTUS states Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain. The patient was recommended Neurontin; however, physical examination findings do not show evidence of radicular pain. Also, the patient does not appear to be improving with the medication. Given the lack of documentation to support guideline criteria, the request is non-certified.