

<b>Case Number:</b>	CM13-0067530		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/03/2005
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 and Rehabilitation, 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 worker is a 43-year-old male who reported an injury on 01/03/2005 of unknown mechanism. On 07/15/2013, the injured worker complained of bilateral back pain radiating to the right buttock, right posterior thigh, and right posterior calf. On 06/19/2014, the injured worker still complained of bilateral low back pain radiating to the right buttock, right posterior thigh, and right posterior calf; however, he reported 50% improvement of his right low back pain after receiving the fluoroscopically guided right L3-4 and L4-5 lumbar transforaminal epidural steroid injections. According to documentation on 07/15/2013 and 06/19/2014, the examinations were the same noting no changes. Examination showed lumbar discogenic provocative maneuvers were positive and negative nerve root tension bilaterally. The Clonus, Babinski's, and Hoffmann signs were absent bilaterally, muscle strength was 5/5 in the left lower extremity and 4/5 in the right lower extremity with decreased sensation to light touch pinprick proprioception, and vibration in the right lower extremity. His tandem walking was within normal limits, but there was reduced balance in heel and toe walking with an antalgic gait. The remainder of the examination was unchanged from the previous visit. He had MRIs and urine drug screens done. His past treatments included lumbar epidural steroid injections, psychological treatments, and oral medications. His medications included Seroquel 50 mg, Percocet 10/325 mg three times a day as needed, Abilify, lorazepam, Pristiq, Cyclobenzaprine 10 mg twice a day as needed for spasms, gabapentin 300 mg two capsules 3 times a day, Roxicet 10/325 mg, which was discontinued, Prozac 60 mg daily, which was discontinued, Motrin, Flexeril, and Cymbalta. His diagnoses included right L3 and L4 radiculopathy with right lower extremity weakness and decreased sensation in the right L3 and right L4 dermatomes, right lumbar radiculopathy with right lower extremity weakness, disc protrusion at L4-5, central disc protrusions, lumbar facet joint arthropathy, fluid in the bilateral L3-4 and L4-5 facet joints, transitional vertebra, lumbar

sprain/strain, depression, borderline diabetes mellitus, and gout. A request for authorization was signed and dated 07/23/2013. There was a rationale for the request for one prescription of Neurontin 800 mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE PRESCRIPTION OF NEURONTIN 800MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AEDs), gabapentin, page(s) 16-19 Page(s): 16-19.

**Decision rationale:** The request for one prescription of Neurontin 800 mg #90 is not medically necessary. The injured worker complained of bilateral back pain radiating to the right buttock, right posterior thigh, and right posterior calf. His past treatments included lumbar epidural steroid injections, psychological treatments, and oral medications. According to the California MTUS Guidelines, gabapentin is an antiepilepsy drug (AED) that is recommended for neuropathic pain, which is pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized, controlled trials directed at central pain and none for painful radiculopathy. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. According to the note dated 06/19/2014, the physician stated the injured worker had 50% improvement with the gabapentin; however, subjective complaints and exam findings have been unchanged since 07/2013. There is not enough documented improved function and mobility, for example the ability to walk longer distance, while on the medication. The request as submitted did not provide the frequency of the medication. Therefore, request for one prescription of Neurontin 800 mg #90 is not medically necessary.