

<b>Case Number:</b>	CM14-0001215		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/13/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Occupational Medicine 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:

This is a 54-year-old female with a 3/13/11 date of injury. The mechanism of injury was not noted. According to a 1/15/14 progress note, the patient complained of low back pain that radiates to the left lower extremity. The patient's pain is rated as 7/10 on a pain scale of 0-10 with and without medications. The patient's pain was reported as worsened since her last visit. The patient reported activities of daily living limitations with activity, ambulation and sleep. Objective findings included tenderness upon palpation in the spinal vertebral area of L3-S1 and ROM of the lumbar spine was moderately limited secondary to pain. Diagnostic impression: chronic pain, lumbar facet arthropathy, lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has consisted of medication management and activity modification. A UR decision dated 11/29/13 modified the request for Neurontin from 30 tablets to 21 tablets for weaning purposes. The submitted documentation showed that the patient had been prescribed Neurontin since at least 9/26/12 without a good or moderate response. The patient most recently indicated that her pain had increased to an 8/10 with and without medication

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the most recent progress reports reviewed dated 10/17/13, 11/20/13, 12/18/13 and 1/15/14, the patient complained of increasing pain. She also stated that her pain level with medications and without medications remained the same and that her activities of daily living remain limited and unchanged, even with medications. Guidelines do not support the continued use of medications without any functional improvement. Therefore, the request for Neurontin 300mg #30 was not medically necessary.