

<b>Case Number:</b>	CM14-0006489		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 35-year-old male with a date of injury of 1/14/13. He was standing atop a 14 foot ladder at a work site when he fell backward, landing on the pavement below. He lost consciousness as a result of the fall. Upon regaining consciousness, he noted bleeding from his head and both lower extremities and had pain throughout his body. It was noted that patient had rib fractures. On 12/20/13, the patient complained of low back pain which he rated as a 8/10. He described it as burning, hot stinging and stabbing sensation. He has spasms radiating down the right leg, popping of right hip when walking and pain when bending. Objective findings show decreased sensation in the L4 dermatome. Diagnostic impression is lumbar disc disease and radiculopathy. Treatment to date: medication management, aquatic therapy, PT, chiropractic care. A UR decision dated 1/7/2014 denied the request for Neurontin because the patient had not been using this medication previously. It does not appear that there are any objective and/or imaging findings consistent with the presence of active neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF NEURONTIN 600MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2, AED Section Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It was noted that the patient experienced a burning, hot stinging, and stabbing sensation in his lower back. The patient had decreased sensation in the L4 dermatome on physical exam and the patient has a diagnosis of lumbar radiculopathy. The guidelines do support the use of Neurontin in this setting. Therefore, the request for Neurontin 600mg was medically necessary.