

<b>Case Number:</b>	CM14-0130507		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is 61 year old male who reported an injury on 11/09/1998; the mechanism of injury was not indicated. The injured worker had diagnoses including pain/chronic pain syndrome with elements of radiculopathy, left lower extremity and lowback spasms. Prior treatment and diagnostic studies were not provided within the medical records. The injured worker underwent right hand surgery and a lumbar fusion. The injured worker complained of low back pain that radiated to the lower extremities. The injured worker rated his pain level as constant but variable in intensity, and rated the pain 6-5/10. The clinical note dated 07/28/2014 noted the injured worker had intermittent severe cramping to the left calf and bilateral feet and spasms in the lower back which interfered with sleeping due to pain. Lower extremity weakness was noted, as well as numbness in the left lower extremity and tingling in left foot. Medications included celebrex, amitriptyline, nortriptyline, gabapentin and ibuprofen. The treatment plan included a request for 3 neurontin 100mg 1 capsule three time a day, # 90 with 2 refills for chronic pain. The rationale for the 3 neurontin 100mg 1 capsule three time a day, # 90 with refills for chronic pain request was to lessen his pain in his lower back. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 NEURONTIN 100 MG, 1 CAPSULE THREE TIMES A DAY, #90, WITH 2 REFILLS, OUTPATIENT FOR CHRONIC LUMBAR PAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18-19.

**Decision rationale:** The injured worker had intermittent severe cramping to the left calf and bilateral feet and spasms in the lower back which interfered with sleeping due to pain. Lower extremity weakness was noted, as well as numbness in the left lower extremity and tingling in left foot. The California MTUS Chronic Pain Guidelines indicate Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. There is a lack of documentation indicating the medication is being used for the treatment of diabetic painful neuropathy or postherpetic neuralgia. There is a lack of documentation indicating the injured worker experienced significant function improvement with the medication. There is a lack of documentation indicating the injured worker's pain was decreased as a result of the medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.