

<b>Case Number:</b>	CM14-0035012		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and is licensed to practice in Nevada. 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 58-year-old male who was reportedly injured on March 9, 2010. The mechanism of injury was noted as a bending/squatting type event. The most recent progress note dated June 20, 2014, indicated that there were ongoing complaints of low back pain and testosterone evaluation. The physical examination demonstrated a 5'11", 252-pound individual in no apparent distress. No specific neurological findings were reported. Diagnostic imaging studies objectified, and electrodiagnostic studies were reported to be normal. Previous treatment included epidural steroid injections. A request was made for the medications Amitriptyline and Neurontin and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin Capsule 100mg, #90 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 16-20, 49 of 127 Page(s): 16-20, 49 OF 127.

**Decision rationale:** The MTUS guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no evidence of

neuropathic and radicular pain on physical examination or electrodiagnostic studies. As such, the request for Nueurontin capsule 100 mg, # 90, three refills is not medically necessary and appropriate.