

<b>Case Number:</b>	CM14-0042787		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Internal 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:

Patient is an injured worker with lumbar radiculopathy s/p lumbosacral spine surgery. Date of injury was March 24, 2000. Progress report dated June 11, 2014 was provided by [REDACTED]. Subjective complaints: back pain radiating from low back down right leg, lower backache and left ankle sprain, increased pain down RLE. He states that medications are working well. Current medications include Neurontin 600 mg 1 tab five times a day. Medical history included: March 10, 2009 Left Ulnar Transposition; Left knee surgery February 24, 2011; December 1, 2005 - LS-S1 Fusion - with right ulnar neuropathy due to positioning at surgery. Physical examination: Lumbar spine: Range of motion is restricted with flexion limited to 40 degrees, extension limited to 10 degrees limited by pain, right lateral bending limited to 15 degrees and left lateral bending limited to 15 degrees. On palpation, paravertebral muscles, spasm, tenderness, tight muscle band and trigger point. Straight leg raising test is positive on the right side. Tenderness noted over the sacroiliac spine. Trigger point at lumbar paraspinal muscles on right and left. Diagnoses included: s/p anterior & lumbar discectomy & fusion w/ posterior instrumented fusion L5-S1; bilateral ulnar neuropathy; s/p left ulnar nerve decompression; medial meniscus tear left knee; s/p arthroscopic surgery left knee.; post lumbar laminectomy syndrome; Lumbar Radiculopathy; s/p permanent spinal cord stimulator SCS January 15, 2008. Utilization review date was February 27, 2014.

### 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, 150 COUNT WITH THREE REFILLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that Gabapentin (Neurontin) has been considered as a first-line treatment for neuropathic pain. The patient is an injured worker with lumbar radiculopathy s/p lumbosacral spine surgery. Progress report June 11, 2014 documented subjective complaints of back pain radiating from low back down right leg, increased pain down RLE. He states that medications are working well. Current medications include Neurontin 600 mg 1 tab five times a day. Medical history included: March 10, 2009 Left Ulnar Transposition; December 1, 2005 - LS-S1 Fusion - with right ulnar neuropathy. Physical examination of lumbar spine demonstrated restricted range of motion, muscle spasm, tenderness, straight leg raising test positive on the right side. Diagnoses included: s/p anterior & lumbar discectomy & fusion w/ posterior instrumented fusion L5-S1; bilateral ulnar neuropathy; s/p left ulnar nerve decompression; medial meniscus tear left knee; s/p arthroscopic surgery left knee; post lumbar laminectomy syndrome; lumbar radiculopathy; s/p permanent spinal cord stimulator SCS January 15, 2008. Patient has neuropathic pain and has benefited from Neurontin 600 mg 1 tab five times a day. The Chronic Pain Medical Treatment Guidelines supports the use of Gabapentin for neuropathic pain. The request for one prescription of Neurontin 600mg, 150 count with three refills, is medically necessary and appropriate.