MAXIMUS Federal Services

| Case Number: | CM14-0051730 | | |
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| Date Assigned: | 06/23/2014 | Date of Injury: | 03/13/2011 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

## 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 Minnesota. 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 54-year-old female with a reported injury on March 13, 2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated March 13, 2014 reported that the injured worker complained of chronic low back pain with left lower extremity radiation to the foot and toes with occasional numbness and tingling. The physical examination revealed tenderness upon palpation at the L3 to L5 levels, with moderately limited range of motion of the lumbar spine secondary to pain. It was reported the sensory examination demonstrated decreased sensitivity to touch along the S1 dermatome in the left lower extremity. The injured worker had a positive straight leg raise on the right at 70 degrees. It was reported that the injured worker had a positive response to Neurontin. The injured worker's diagnoses included lumbar radiculopathy; lumbar spinal stenosis; lumbar facet arthropathy; and chronic pain. The provider requested Neurontin 300 mg to reduce chronic neuropathic pain symptoms. The Request for Authorization was submitted on March 18, 2014. The injured worker's prior treatments were not provided within the clinical notes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Neurontin 300 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Clinical Pharmacology, 2008.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

**Decision rationale:** The injured worker complained of chronic low back pain with left lower extremity radiation to the foot and toes with occasional numbness and tingling. The treating physician's rationale for Neurontin is to treat the injured worker's neuropathic pain symptoms. The Chronic Pain Medical Treatment Guidelines recognize that 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. There is a lack of clinical information provided documenting the efficacy of Neurontin as evidenced by decreased neuropathic pain and significant objective functional improvements. It is noted that the injured worker has had a positive response to Neurontin; however, there is a lack of clinical evidence indicating the specific outcome Neurontin has had on the injured worker's neuropathic pain. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. The request for one prescription of Neurontin 300 mg, sixty count, is not medically necessary or appropriate.