

<b>Case Number:</b>	CM14-0200783		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/03/2003
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 38 year old patient with date of injury of 01/03/2003. Medical records indicate the patient is undergoing treatment for sciatic nerve lesion, lumbar radiculopathy, and chronic back pain and spasm of muscle and knee pain. Subjective complaints include low back pain that radiates down bilateral legs, rated 4/10 with medications and 8/10 without medications, poor quality of sleep and anxiety. Objective findings include moderately antalgic gait, normal thoracic spine range of motion, straightening of lumbar spine, lumbar range of motion - flexion 50 degrees, extension 10, right and left lateral bend 15 degrees, right and left lateral rotation 30; palpation of lumbar paravertebral muscles reveal spasm, tenderness and tight muscle band and trigger points. Patient is unable to walk on heel or toe; tenderness over sacroiliac spine; trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles bilaterally. MRI of lumbar spine dated 04/07/2014 revealed transitional lumbosacral junction, counting last fully functional disc at L5-S1 level there is left eccentric significant herniation at L4-L5 associated with subarticular stenosis and probably causing impingement of the traversing left L5 nerve root. MRI lumbar spine dated 09/09/2008 revealed disc herniation at L4-L5 with L4-L5 transitional disc herniation displacing left L5 nerve root, annular tear L4-L5, transitional vertebrae L5, L3-L4 facet arthropathy with subchondral cyst, arthropathy bilaterally. Treatment has consisted of physical therapy, Valium, Kadian SR, Neurontin, Norco and Toradol. The utilization review determination was rendered on 11/01/2014 recommending non-certification of Neurontin 600 mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 mg #90 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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. Guidelines recommend re-evaluation of patient's prescribed Neurontin to monitor for neurological side effects. Thus, refills are not appropriate. As such, the request for Neurontin 600 mg #90 with 2 refills is not medically necessary.