

<b>Case Number:</b>	CM14-0208636		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hip pain reportedly associated with an industrial injury of September 26, 2000. In a Utilization Review Report dated December 13, 2014, the claims administrator denied a request for Neurontin (gabapentin), stating that the applicant did not have issues with neuropathic pain for which gabapentin would be indicated. The claims administrator referenced a progress note dated December 3, 2014 in its determination. The applicant's attorney subsequently appealed. In an RFA form December 3, 2014, the attending provider did endorse a prescription for Neurontin owing to alleged diagnoses of hip pain, hip degenerative joint disease, lumbar spondylosis, lumbar radiculopathy, and lumbar degenerative disk disease status post earlier lumbar laminectomy. In an associated progress note, not clearly dated, Neurontin was renewed. The applicant was already permanent and stationary and was not working. The attending provider stated that the applicant would only be able to lift up to 2 pounds without his medications and was able to lift up to 5 to 10 pounds with his medications. It was stated that Neurontin had been very effective for the applicant's reported neuropathic pain. Portions of the progress note were truncated. On November 5, 2014, the applicant reported 7/10 pain with medications and 9/10 pain without medications. Persistent complaints of low back pain radiating to the left leg were noted. The applicant was status post an epidural steroid injection therapy. The applicant was using Rozerem, Lidoderm, tramadol, Colace, Senna, Neurontin, and Norco. Repeat epidural injection was sought while Neurontin was refilled. The attending provider also sought authorization for an H-Wave device. The attending provider again stated that the

applicant was able to lift up to 5 pounds without medications versus 10 to 15 pounds with medications. It was again acknowledged that the applicant was not working with previously imposed permanent limitations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 prescription of Neurontin 300mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs).

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant's reports of reduction in pain scores from 9/10 without medications to 7/10 with medications on November 5, 2014 does not, in and of itself, constitute evidence of a significant decrement in pain achieved as a result of ongoing Neurontin usage. Similarly, the applicant's commentary to the effect that his ability to lift articles is marginally improved as a result of medication consumption likewise does not constitute evidence of meaningful or substantive improvement achieved as a result of ongoing Neurontin (gabapentin) usage and is, furthermore, outweighed by the applicant's failure to return to work, the attending provider's continued renewal of permanent work restrictions from visit to visit, and the fact that the applicant remains dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Neurontin (gabapentin) usage. Therefore, the request was not medically necessary.