MAXIMUS Federal Services

| Case Number: | CM15-0103431 | | |
|---|---|---|---|
| Date Assigned: | 06/05/2015 | Date of Injury: | 05/31/2013 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

## 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, Florida, 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 injured worker is a 47-year-old male, who sustained an industrial injury on 5/31/2013. Diagnoses have included lumbar spine spondolotic changes, lumbar spinal canal stenosis and lumbar disc protrusion. Treatment to date has included physical therapy, a medical branch nerve block with no significant relief and medication. According to the progress report dated 4/17/2015, the injured worker complained of intermittent moderate to 7/10 low back pain. He stated that his legs were getting weak and more painful due to walking and going up stairs. Objective findings revealed that Kemp's caused pain. Ibuprofen was discontinued due to not helping the pain. Authorization was requested for Neurontin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #60 (1 tab PO Q HS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16 of 127 and page 19 of 127.

**Decision rationale:** This claimant was injured over two years ago. There has been PT and medial branch block with no significant relief with medicine. There is still low back pain. The legs get weak and painful walking up stairs. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. The request is not medically necessary under the MTUS evidence-based criteria.