

<b>Case Number:</b>	CM15-0131153		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 42 year old female, who sustained an industrial injury on April 13, 2012. She reported striking her head when she bent over while working in a freezer. The injured worker was diagnosed as having spinal stenosis L4-L5 with 3.1mm herniated nucleus pulposus (HNP), spinal stenosis L5-s1 with 4.7mm herniated nucleus pulposus (HNP), cervical spine multi-level degenerative disc disease with stenosis, multifunctional, cervical sprain/strain, lumbar sprain/strain, lumbar spine degenerative disc disease, lumbar spine annular tear, and left L5 radiculopathy. Treatments and evaluations to date have included electromyography (EMG)/nerve conduction velocity (NCV), home exercise program (HEP), TENS, activity modification, physical therapy, MRIs, and medication. Currently, the injured worker complains of neck pain, low back pain that radiates to the legs, left leg pain, and headaches. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker reported her pain as a 10/10 without medications, and a 7/10 with medications. With medications, the injured worker was noted to be able to walk and perform light housework. Physical examination was noted to show cervical spine spasm, pain, and decreased range of motion (ROM), with facet tenderness and tender lower cervical paraspinal musculature. The lumbar spine was noted with spasm, painful and limited range of motion (ROM), with positive straight leg raise on the right and pain and decreased sensation bilaterally at L4-L5 and L5-S1. The treatment plan was noted to include continued home exercise program (HEP) and use of TENS, continued current medications including Norco and Gabapentin, and a request for a lumbar epidural steroid injection (ESI) series. The injured worker's current work status was not included in the report.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-19, 49.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes anti-epilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Gabapentin (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 evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain, and are not recommended. The injured worker was noted to have been prescribed Neurontin since at least August 2014, without documentation of objective, measurable improvement in the injured worker's pain, function, or the ability to perform activities of daily living (ADLs) such as bathing, dressing, etc. with the use of the Neurontin. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Gabapentin 600mg #90.