

<b>Case Number:</b>	CM15-0134053		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 /work injury on 1/23/13. He reported an initial complaint of back pain. The injured worker was diagnosed as having myalgia and myositis, bilateral lumbosacral strains/radiculopathies. Treatment to date includes medication, epidural steroid injections, acupuncture, activity modification, diagnostics, and physical therapy. Currently, the injured worker complained of low back pain with acute muscle spasms and numbness. Per the physician's supplemental report on 5/12/15, exam revealed trigger points to the lumbar spine and decreased range of motion by 10% in all planes. There is decreased light touch sensation in the dorsal aspect of the bilateral feet, decreased reflexes in both ankles, decreased strength with bilateral dorisflexors and bilateral extensor hallucis longus muscles, and positive straight leg raise at 40 degrees. The requested treatments include Neurontin 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg three times a day, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no clear evidence that the patient has a neuropathic pain. Furthermore, there is no evidence that Gabapentin is effective in back pain. There is no documentation of pain and functional improvement with previous use of Gabapentin. Therefore, the prescription of Neurontin 600mg three times a day, #90 is not medically necessary.