

<b>Case Number:</b>	CM15-0141449		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old male who sustained an industrial injury on 05/01/2013. He reported a sharp pain in the low back. He was diagnosed with a lumbar strain. Treatment to date has included medications, physical therapy, lumbar support and acupuncture. According to the most recent progress report submitted for review and dated 06/25/2015, pain was rated 5 on a scale of 1-10 with medications and 8 without medications. He denied any other symptoms other than pain. Quality of sleep was poor. Activity level remained the same. Medications were working well with no reported side effects. Medications were taken very sparingly. He was approved for aquatic therapy. Current medications included Celebrex, Neurontin and Ultram. The provider also noted that the injured worker took Norco at night. Review of systems was positive for numbness and tingling. The injured worker appeared to be fatigued and in moderate-to-severe pain. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with extension limited to 10 degrees but normal flexion. On palpation of the paravertebral muscles, tenderness was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raising test was negative. Light touch sensation was normal in the extremities examined. Diagnosis included backache not otherwise specified. The injured worker had been off work around four month and was recently terminated. He was trying to find lighter work. An MRI showed an annular tear. He reported depression, weight gain and sexual dysfunction and was still experiencing back spasms that radiated down the right leg down to his ankle. The provider noted that the history and physical examination was consistent with lumbar degenerative joint disease with facet arthropathy and

effusion and lumbar radiculitis or radiculopathy. Pain medications used sparingly and appropriately allowed for him to care for his 15 year old daughter and perform household tasks. The treatment plan included continuation of Celebrex as needed, Ultram for moderate to severe pain and Neurontin for neuropathic pain and as a sleep induction agent. Currently under review is the request for Neurontin 300 mg at bedtime #30 with 1 refill.

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

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

**Neurontin 300mg at bedtime #30 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18-19.

**Decision rationale:** The 36 year old patient complains of pain in the lower back, rated at 5/10 with medications and 8/10 without medications, along with poor sleep, as per progress report dated 06/25/15. The request is for NEURONTIN 300mg AT BEDTIME #30 WITH 1 REFILL. The RFA for this case is dated 06/25/15, and the patient's date of injury is 05/01/13. The patient has been diagnosed with lumbosacral degenerative disc disease with facet arthropathy and lumbar radiculitis, as per progress report dated 06/25/15. Medications included Celebrex, Neurontin and Ultram. The patient is off work, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Neurontin is first noted in progress report dated 01/08/15, and the patient has been taking the medication consistently at least since then. It is not clear when this treatment modality was initiated. As per progress report dated 06/25/15, the patient has been taking the medication for "neuropathic pain and as a sleep induction agent." In the same report, the treater states that medications help reduce pain from 8/10 to 5/10 and there are no side effects. Activity level has remained same and the medications are working well. Given the documentation of neuropathic pain and efficacy, the request for Neurontin appears reasonable and IS medically necessary.