

<b>Case Number:</b>	CM15-0186761		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old male, who sustained an industrial injury on May 9, 2001, incurring upper and lower back, shoulder and bilateral upper extremity injuries. He was diagnosed with cervical degenerative disc disease, cervical radiculopathy, lumbar degenerative disc disease, lumbar radiculopathy, right shoulder derangement and bilateral carpal tunnel syndrome. She underwent a cervical discectomy and bilateral carpal tunnel release. Other treatment included pain medications, neuropathic medications, physical therapy and home exercise program, anti-inflammatory drugs, and activity restrictions. Currently, the injured worker complained of upper back pain radiating to the neck and shoulder and down into both hands with numbness and tingling and lower back pain radiating into the buttocks and calves rated 7-8 out of 10 on a pain scale from 1 to 10. The use of pain medications helped him with his activities of daily living and function with his self-care and grooming. In July, 2010, the injured worker underwent lumbar discectomy and fusion. On September 23, 2014, a lumbar spine Magnetic Resonance Imaging revealed disc bulges and severe spinal canal stenosis. The treatment plan that was requested for authorization on September 22, 2015, included a prescription for Neurontin 300 mg, #180. On August 24, 2015, a request for a prescription for Neurontin was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Neurontin 300mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin however there is not clear documentation of improvement in function, side effects or pain relief specifically from this medication. Therefore the request for continued Gabapentin is not medically necessary.