

<b>Case Number:</b>	CM15-0187174		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Emergency 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:

This is a 38 year old male who sustained a work-related injury on 11-16-12. Medical record documentation on 8-26-15 revealed the injured worker was being treated for low back pain, radiation of pain to the left lower extremity and chronic myofascial pain. He reported ongoing low back pain and started to have pain, numbness and tingling return in the left lower extremity. A epidural steroid injection in 5-15 provided significant relief for 3 months. He continued to do well on his medication regimen. His medications included Norco 10-325 mg, Neurontin 600 mg (since at least 10-20-14), Ibuprofen 800 mg and Amitriptyline 10 mg. Objective findings included tenderness to palpation to the lumbar paraspinal muscles and positive left leg lift. A request for Neurontin 600 mg #90 was received on 9-16-15. On 9-18-15, the Utilization Review physician determined Neurontin 600 mg #90 was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg, #90:** 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:** The requested Neurontin 600mg, #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and "Outcome: 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." The injured worker has ongoing low back pain and started to have pain, numbness and tingling return in the left lower extremity. An epidural steroid injection in 5-15 provided significant relief for 3 months. He continued to do well on his medication regimen. His medications included Norco 10-325 mg, Neurontin 600 mg (since at least 10-20-14), Ibuprofen 800 mg and Amitriptyline 10 mg. Objective findings included tenderness to palpation to the lumbar paraspinal muscles and positive left leg lift. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin 600mg, #90 is not medically necessary.