

<b>Case Number:</b>	CM15-0193477		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 61 year old male, who sustained an industrial injury on 10-18-82. The injured worker is diagnosed with insomnia, cervical radiculopathy and lumbar sprain-strain. Notes dated 6-9-15 -15 - 9-1-15 reveals the injured worker presented with complaints of neck and low back pain. Physical examinations dated 6-9-15 - 9-1-15 revealed cervical and lumbar spine spasm and tenderness over the paravertebral muscles and decreased range of motion. Treatment to date has included cervical surgery, medication Lunesta (for at least 4 months), Percocet, Kadian and Gabapentin reduces his pain from 8 out of 10 to 5 out of ten, per note dated 9-1-15. The injured worker was taking Temazepam for sleep and anxiety, but it was not beneficial per note dated 3-17-15 and Lunesta was ordered. A request for authorization dated 8-11-15 for Lunesta 1 mg #30 is non-certified, per Utilization Review letter dated 9-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 100 MG Cap 1-2 Caps PO QHS 30 Days with 2 Refills for Total of 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. *J Back Musculoskelet Rehabil.* 2009;22(1):17-20. doi: 10.3233/BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy with noted improvement in symptoms with Neurontin. The pain level response to medication does fluctuate with prior mention in July being only a 1-point improvement vs. a recent 3 point improvement. Long-term response cannot be predicted. As a result, the request for Neurontin with 2 refills is not medically necessary.