

<b>Case Number:</b>	CM15-0200087		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, North Carolina  
 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 50 year old female, who sustained an industrial-work injury on 11-4-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylolisthesis with right sided radiculopathy. Treatment to date has included pain medication Celebrex, Ambien, Flexeril, Ultram, Neurontin (unknown amount of time), diagnostics, surgical consult, home exercise program (HEP) and other modalities. Medical records dated 5-6-15 indicate that the injured worker complains of low back pain that radiates down the right lower extremity (RLE). The medical records also indicate that the activities of daily living (ADL) are impaired with respect to standing for 30 minutes, sitting for 30 minutes, walking for 30 minutes, walking outdoors on uneven ground, performing housework, driving a car and grocery shopping. Per the treating physician report dated 5-6-15 the injured worker is permanent and stationary. The physical exam 5-6-15 from reveals spasm of the lower lumbar area, increased pain with motion, tenderness to palpation in the lower lumbar region and positive Lasegue's test on the right. The lumbar range of motion is decreased in left and right lateral bending. There is decreased sensation to the dorsal aspect of the right foot. The requested service included Neurontin 300mg, #60. The original Utilization review dated 10-9-15 non-certified the request for Neurontin 300mg, #60 but recommended weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg, #60:** 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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** CA MTUS Guidelines state that Gabapentin is an anti-epileptic drug that has been shown to be effective in treatment of painful diabetic neuropathy and postherpetic neuralgia. It is considered a first-line agent for neuropathic pain. In this case, the claimant complains of chronic low back pain radiating to the right lower extremity. No recent clinical reports are provided (last report dated 5/6/2015). There is no documentation of improvement in pain relief or functional benefit with the Neurontin. Therefore, the request is not medically necessary or appropriate.