

<b>Case Number:</b>	CM15-0213273		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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:

This 48 year old man sustained an industrial injury on 1-30-2007. Diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, and lumbar disc disorder. Treatment has included oral medications including Amitiza (since at least 4-2015), Lunesta (since at least 3-2015), Miralax (since at least 4-2015), Neurontin (since at least 4-2015), and Hydromorphone (since at least 4-2015) and intrathecal pain pump (since 12-2012). Physician notes dated 9-16-2015 show complaints of back pain rated 7 out of 10 with radiation to the right leg. The physical examination shows the appearance of depression and severe pain, an antalgic gait with assistance from a cane. The lumbar spine shows a loss of lordosis, "restricted" range of motion, positive straight leg raise on the right side, and tenderness to the sacroiliac spine. There is some weakness to the right leg and decreased sensation to the L4 and L5 dermatomes on the right side. Recommendations include Hydromorphone, Lunesta, Neurontin, and Amitiza. Utilization Review denied a request for Neurontin on 9-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg, #90:** Upheld

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

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

**Decision rationale:** The 48 year old patient complains of low back pain radiating to posterolateral thigh and calf, and dorsal aspect of the foot, as per progress report dated 09/16/15. The request is for NEURONTIN 300mg, #90. The RFA for the case is dated 09/23/15, and the patient's date of injury is 01/30/07. The patient is status post L4-5 discectomy, as per progress report dated 09/16/15. Diagnoses included post lumbar laminectomy syndrome, lumbar radiculopathy, and lumbar disc disorder. Medications included Neurontin, Amitiza, Lunesta, Miralax powder, and compounded Hydromorphone and Bupivacaine for intrathecal use. The patient is permanent and stationary, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009 has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section and Chronic Pain Medical Treatment Guidelines 2009: "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, Neurontin is first noted in progress report dated 04/17/15. It is not clear when the medication was initiated. In progress report dated 09/16/15, the treater states that the current medication regimen "optimizes function and activities of daily living." However, in the same report, the treater also mentions that the patient "stopped taking NEURONTIN due to its limited efficacy." In fact, this statement regarding "limited efficacy" is noted in most progress reports since 04/17/15. Given the discontinuation and the lack of efficacy, the request is not medically necessary.