

<b>Case Number:</b>	CM15-0048289		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male, who sustained an industrial injury on 8/3/05. He reported low back pain. The injured worker was diagnosed as having chronic pain syndrome and lumbago. Treatment to date has included oral medications including narcotics, laminectomy/discectomy, activity restrictions and physical therapy. Currently, the injured worker complains of back pain with intermittent radiation to both legs and occasional numbness and tingling. The injured worker is currently taking Neurontin two times per day and Ibuprofen two times per day; he states the pain is relieved with rest, heat and pain medication. The medications allow him to work and attend to daily duties. Tenderness is present in lumbosacral area on palpation with mildly reduced range of motion. The current plan consists of refilling Ibuprofen and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's dosing is consistent with recommended guidelines and therefore medically necessary.