

<b>Case Number:</b>	CM15-0082357		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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:

The injured worker is a 74-year-old female, who sustained an industrial injury on July 31, 2007. She reported low back pain with pain radiating to the right lower extremity. The injured worker was diagnosed as having status post foraminotomy, posterior fusion, instrumentation from lumbar 3 through sacral 1 and prior fusions in 2013 and 2010, history of recent strokes, negative thoracic spine magnetic resonance imaging in 2012, negative diagnostic lumbar facet joint evaluation in 2011 and negative electrodiagnostic studies of the bilateral legs in October 2012. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, aquatic therapy, surgical interventions of the lumbar spine, medications and activity restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to the right lower extremity. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 4, 2015, revealed continued pain as noted. She reported she was able to control the pain and remain functional with the use of medications. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 800 mg Qty 90 (2 times daily): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) - Gabapentin Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The request is for neurontin 800 mg 90 tabs, two times daily, which is considered an anti-epilepsy drug used for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. For lumbar spinal stenosis, it is recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. The injured worker does not have a diagnosis of peripheral neuropathy or lumbar stenosis. While the documentation suggests that the injured worker noted a decreased level of pain and increased functional ability with the use of gabapentin, the criteria for chronic use of gabapentin have not been met. Therefore, the request is not medically necessary. However, gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week.