MAXIMUS Federal Services

| Case Number: | CM14-0129560 | | |
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| Date Assigned: | 08/20/2014 | Date of Injury: | 05/16/2011 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 34-year-old male who reported an injury on 05/16/2011 due to pulling an object; he felt a prickling sensation over the left chest area. The injured worker complained of lower back pain, neck pain, and thoracic pain. The injured worker had a diagnosis of myofascial pain syndrome, cervicalgia, T1-2 spinous process fracture, and degenerative disc disease at L5-S1. The medications included oxycodone, gabapentin 300 mg, Cymbalta 30 mg, and Ambien 10 mg. The past treatments included physical therapy, Functional Restoration Program, and medication. The injured worker rated his pain a 4/5 with medication and a 7/10 without medication. The MRI of the cervical spine dated 05/21/2013 showed normal findings. The MRI of the thoracic spine dated 06/21/2013 showed central and paracentral small disc protrusion. The x-ray of the lumbar spine dated 11/29/2011 revealed instability. The MRI of the lumbar spine dated 05/21/2013 revealed broad-based disc protrusion at the L5-S1. The physical examination dated 04/14/2014 to the lumbar spine revealed reduced range of motion to the lumbar region, pain with range of motion to the cervical spine, and papillary tenderness to the cervical and lumbar paraspinal muscles. Treatment plan included no lifting, pushing, or pulling greater than 10 to 15 pounds for work status and Neurontin 300 mg. The Request for Authorization dated 08/20/2014 was submitted with documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #270 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

**Decision rationale:** The request for gabapentin 300 mg #270 with 1 refill is not medically necessary. The California MTUS guidelines indicate that Gabapentin is 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. The clinical note did not indicate that the injured worker had a diagnosis of diabetic neuropathy or herpetic neuralgia. The request did not address the frequency. As such, the request is not medically necessary.