

<b>Case Number:</b>	CM14-0180775		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/14/1999
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

56-year-old man who states he was injured 9/14/99, lifting a client. He had low back and leg pain. On MRI, 6/20/12, he was found to have disc desiccation with a 2 mm central disc protrusion at L3-4, degeneration with 3 mm central and slightly right-sided disc protrusion at L4-5 and disc changes at L5-S1. She has encroachment on the left S1 nerve root. There is mild narrowing of the bilateral L5 foramina. Pain is radiating to the left leg, and used a TENS, which was beneficial, and topical analgesics. He is requesting an appeal to the denial for Neurontin, which was without dosing directions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin, unknown frequency, dose and duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19.

**Decision rationale:** Records from 5/7/14 indicate that Neurontin 600 mg or Gabapentin 600 mg - #60 with one refill; to be taken one BID to TID per day was noted. On the 8/29/14 note, the patient was noted to have a positive straight leg raise on the left, and weakness in the left ankle

dorsiflexors, indicating evidence of radiculopathy. Per the chronic pain guidelines of the MTUS, AEDs (anti-epilepsy drugs) are recommended for neuropathic pain. A good response would be 50% reduction in pain, and a 30% reduction would be considered a "moderate" response. Gabapentin is considered a first-line treatment for neuropathic pain. Starting is considered 300 mg and then up to 300 mg TID up to 1800 mg/day, in three divided doses. This patient has not demonstrated improvement on Gabapentin. He is given a suboptimal dose, not approaching TID dosing, as recommended (initial 300 mg QD, titrating up to TID over a period of three days, and then increasing as needed). No reduction of pain is noted. A trial period of 3-8 weeks is recommended. There is no information about side effects, as well as effectiveness. As noted before, the actual requested amount and dosing instructions is not clearly specified in the request. The Gabapentin cannot be found medically necessary.