

<b>Case Number:</b>	CM14-0210161		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal 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 (IW) is a 61-year-old woman with a date of injury of May 27, 2007. The mechanism of injury occurred while working at a dog kennel when she slipped on the floor, and landed on her low back. She developed symptoms of low back pain. She did ultimately undergo back surgery in 2004. The injured worker's working diagnoses are lumbago, and chronic pain syndrome. Pursuant to the progress note dated July 22, 2014, the IW complains of chronic back pain. She reports tapering off of Fentanyl patches and going through some withdrawal symptoms. She continues to take Norco and Advil for pain. Objectively, upper and lower extremity strength is normal. Transfer and gait is normal. There is no documentation regarding neuropathic pain. There is no neurological examination in the medical record. The treating physician indicates he will trial the IW on Neurontin, and the IW will gradually increase for her chronic pain symptoms. Pursuant to the progress note dated October 30, 2014, the IW reports taking Gabapentin 300mg with a decrease in pain. Current pain is 3/10. She is still taking Norco 10/325mg. She reports that with the addition of Gabapentin, she is sleeping 12 hours a night. The treatment plan recommendations include continue Norco and Gabapentin. The current request is for Neurontin (Gabapentin) 100mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Neurontin 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Neurontin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (gabapentin) is an anti-epilepsy drug. It is first-line treatment for neuropathic pain. One recommendation is an adequate trial for 3 to 8 weeks for titration than 1 to 2 weeks at maximum tolerated dosage. In this case, the injured worker's working diagnoses are lumbago and chronic pain syndrome. There are no neuropathic complaints in the subjective complaints section. There are no neuropathic objective findings in the medical record. The diagnoses are not compatible with a neuropathic etiology. A July 2014 progress note states the treating physician was going to trial Neurontin for chronic low back pain. Neurontin is not indicated for chronic low back pain. Consequently, absent subjective and objective findings compatible with a neuropathic etiology, Neurontin 100 mg #90 is not medically necessary.