

<b>Case Number:</b>	CM14-0040002		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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. 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 1/15/2012. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical sprain, thoracolumbar spine sprain, history of lumbar surgery, bilateral radiculitis, bilateral ankle sprain, left ankle multiple ligament tears, and bilateral knee sprain. Treatment to date has included medications, and urine drug screening that was positive for Norco. The request is for Neurontin. The records indicate the injured worker has been utilizing Neurontin since at least October 2012. He complained of left shoulder and low back pain with radiation to the left foot. The treatment plan included: pain management consultation, left shoulder magnetic resonance imaging, and follow-up. The records indicate he reported Neurontin to be helpful with burning pain. Several pages of the medical records are handwritten and difficult to decipher. The medication list includes Norco, Norflex, ibuprofen, Flexeril and Neurontin. The patient has had CT scan of the low back on 3/18/12 that revealed fracture, s/p fusion and stenosis; EMG revealed evidence of re-innervation. The patient has had positive SLR on 8/23/13. The patient has had history of suicidal attempt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 800Mg, #60 Body Part Left Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the CA MTUS Chronic pain guidelines regarding Neurontin / gabapentin, "Has been 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." Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. The injured worker was diagnosed as having cervical sprain, thoracolumbar spine sprain, history of lumbar surgery, bilateral radiculitis, bilateral ankle sprain, left ankle multiple ligament tears, and bilateral knee sprain. He complained of left shoulder and low back pain with radiation to the left foot. The records indicate he reported Neurontin to be helpful with burning pain. The patient has had CT scan of the low back on 3/18/12 that revealed fracture, s/p fusion and stenosis; EMG revealed evidence of re-innervation. The patient has had positive SLR on 8/23/13. The patient has had history of suicidal attempt. The patient has chronic pain with a neuropathic component and depressive disorder. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or anti-epileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 800Mg, #60 Body Part Left Shoulder in patients with this clinical situation therefore the request is deemed medically necessary.