

<b>Case Number:</b>	CM15-0114412		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/02/2006
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: North Carolina

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 63 year old male who sustained an industrial injury on 07/02/2006. Mechanism of injury occurred when he fell down stairs. Diagnoses include lumbosacral spondylosis without myelopathy, lumbar or lumbosacral arthritis, osteoarthritis, low back syndrome, lumbalgia, and facet syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, epidural steroid injections, radiofrequency ablation, and exercises. His medications include Dalmane, Norco, Ibuprofen, Ambien and Lyrica. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 08/22/2006 showed mild bulging at L4-L5. An Electromyography done on 09/18/2006 was normal. A physician progress note dated 05/11/2015 documents the injured worker states parts of his injury have worsened. He rates his pain as 8 out of 10 on the Visual Analog Scale, and he has started taking 2 Vicodin a day. He started Lyrica but stopped it due to suicidal and strange thoughts and extreme drowsiness. He is now using a walker to assist in ambulation due to his back pain and decreasing the Norco. He feels the Ibuprofen does not help his pain at all. Lumbar range of motion is restricted. Gait is normal. Treatment requested is for Neurontin 300mg #90 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #90 with 1 refill:** Overturned

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore the request is medically necessary.