

<b>Case Number:</b>	CM15-0115017		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/01/1999
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 8/1/1999. He reported falling onto his tailbone. Diagnoses have included cervical sprain/strain, status post cervical spine surgery with chronic pain and post-laminectomy syndrome, cervicogenic headaches, lumbar sprain/strain and myofascial pain, status post lumbar spine surgery with chronic pain and post-laminectomy syndrome, left lumbosacral radiculitis, chronic pain syndrome and compression fracture of T11. Treatment to date has included acupuncture and medication. According to the progress report dated 5/13/2015, the injured worker complained of low back pain. The pain was rated 5/10. He also complained of headaches. Exam of the lumbar spine revealed tenderness to palpation and decreased, painful range of motion. Authorization was requested for Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Neurontin 100mg, #120, dispensed on 5/14/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

**Decision rationale:** Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury of 1999. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Retrospective request for Neurontin 100mg, #120, dispensed on 5/14/2015 is not medically necessary or appropriate.