

<b>Case Number:</b>	CM15-0118440		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/17/1999
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 (IW) is a 51-year-old female who sustained an industrial injury on 03/17/1999. Diagnoses include sciatica, lumbar postlaminectomy syndrome, neck pain and mechanical complication due to other implant and internal device NEC. Treatment to date has included oral medications and an implanted intrathecal pain pump. According to the progress notes dated 2/27/15, the IW reported increased right leg pain around the lateral thigh, posteriorly. She wanted to increase her Neurontin from her dose of 1200mg three times daily, which she stated was effective. On examination, she walked with a cane. Lumbar spine range of motion (ROM) was reduced; there were spasms and guarding and decreased sensation in the right L4 dermatomes; and straight leg testing was positive on the right. ROM was also limited in the cervical spine. The left upper extremity motor strength was decreased with elbow flexion and extension and grip strength was weaker on the left. Spurling's test was positive on the left as well, with no sensory deficits. Medications included Morphine/Bupivacaine per implanted pump, Trazodone, Pantoprazole, Naprosyn sodium, Lidocaine 5% ointment, Hydrocodone/APAP, Orphenadrine and Gabapentin. A request was made for Gabapentin 600mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 of 1999 with patient on multiple opiates including implanted pain pump. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600 mg, 120 count is not medically necessary or appropriate.