

<b>Case Number:</b>	CM15-0026466		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 56 year old female, who sustained an industrial injury on 08/09/2007. The diagnoses have included lumbar spine strain and status post lumbosacral spine surgery. Noted treatments to date have included surgery, physical therapy, and medications. Diagnostics to date have included MRI of the lumbar spine on 12/27/2007 which showed residual or recurrent L4-5 disc protrusion, impinging the left L5 nerve root in the lateral recess, mild L4-5 spinal and left inferior foraminal stenosis, and L4-5 facet degenerative disease. In a progress note dated 01/12/2015, the injured worker presented with complaints of increased pain in the back with some numbness in the legs. The treating physician reported acute spasms of the supraspinal muscles. Utilization Review determination on 01/16/2015 non-certified the request for Neurontin (Gabapentin 600mg) Scored Tablets citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin (Gabapentin 600mg) Scored Tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, “Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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”. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no objective documentation of pain and functional improvement with previous use of Neurontin. Based on the above, the prescription of Neurontin 600mg is not medically necessary.