

<b>Case Number:</b>	CM15-0079495		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/06/1990
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Pain Management

### 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(n) 60 year old male, who sustained an industrial injury on 7/6/90. He reported pain in his lower back. The injured worker was diagnosed as having lumbar facet syndrome, status post lumbar discectomy in 1991 and chronic low back pain. Treatment to date has included several back surgeries, lumbar epidural injections, medial branch blocks and a medial branch radiofrequency ablation. The injured worker has tried and failed muscle relaxants. Current medications include Mobic and Neurontin since at least 9/2/14. As of the PR2 dated 3/19/15, the injured worker reports 7/10 pain in his lower back. He has stopped taking Norco for pain. Objective findings include decreased lumbar range of motion due to pain, a negative Patrick's test and tenderness to palpation at the lower paraspinal muscles without spasms. The treating physician requested to continue Neurontin 300mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs  
Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.