

<b>Case Number:</b>	CM13-0008906		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old female with a reported date of injury on 05/21/2011. The patient presented with low back pain, pain radiating into her buttocks and right hamstring, pain radiating into her calf, pain in the ball of her foot, and burning pain into the toes of the right foot. The patient had tenderness to palpation of the spinous processes of the lumbar spine at L4-5 on the right and at S1 on the left side. The patient had a knee jerk reflex of 1+ on the right, a knee jerk reflex of 0 on the left, and an ankle jerk reflex of 2+ on the right and an ankle jerk reflex of 3+ on the left. The patient's sensation was intact in both of the lower extremities and there were no sensory abnormalities in nerve root distributions. The patient had a diagnosis of lumbar spine radiculopathy. The physician's treatment plan consisted of a request for Therapentin-90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapentin-90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) & Gabapentin Page(s): 16-22, 49.

**Decision rationale:** The California MTUS guidelines note 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. The guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation, it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia that would indicate the patient's need for the medication at this time. Additionally, within the provided documentation, the requesting physician did not include documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Therapentin-90 is neither medically necessary, nor appropriate.