

<b>Case Number:</b>	CM13-0029456		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	11/11/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

According to the records made available for review, this is a male with a 10/31/94 date of injury. At the time (7/23/13) of the request for authorization for pharmacy purchase of Gabapentin 600mg #120 days supply (D/S) 30, there is documentation of subjective (increased low back pain and leg pain) and objective (decreased range of motion of the lumbar spine; tenderness to palpation throughout the lumbar spine including the bilateral paraspinal muscles, the SI joints, as well as the midline; motor strength is 3/5 for the left leg flexor and extensor muscles) findings, current diagnoses (postlaminectomy syndrome of the lumbar spine and lumbar radiculopathy), and treatment to date (medication including Gabapentin for at least a year). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF GABAPENTIN 600MG #120DAYS SUPPLY (D/S) 30:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), REVISED CHRONIC PAIN SECTION, WEB-BASED EDITION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) and Other Medical Treatment Guideline or Medical Evidence: Title 8, Calif. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome of the lumbar spine and lumbar radiculopathy. In addition, there is documentation of neuropathic pain. However, given documentation of treatment with Gabapentin for at least a year, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for pharmacy purchase of Gabapentin 600mg #120 days supply (D/S) 30 is not medically necessary.