

<b>Case Number:</b>	CM13-0031429		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/17/2001
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

According to report dated 08/20/2013 by [REDACTED], the patient presents with back, lower extremity, left buttock, and left ankle pain. It was noted that patient did not have significant positive response to medial branch block carried out on 06/10/2013. On examination, there is tenderness on palpation at the lumbosacral junction which decreases with range of motion. Pain increases with extension and lateral bending of the lumbar spine toward the left. There is diffuse soft tissue tenderness on palpation throughout the left ankle with reports of pain deep in the ankle joint with active flexion and extension of ankle. Patient was noted to have discomfort on palpation over the lateral aspect of the left hip. In the seated position, patient reports increased pain with passive internal and external rotation of the left hip. There is pain on palpation directly over the greater trochanter as well as along the course of the proximal TFL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixty (60) capsules of Gabapentin 300mg (with 4 refills) between 9/16/13 and 10/31/13:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs): Gabapentin..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18-19.

**Decision rationale:** This employee presents with back, left lower extremity, left buttock, and left ankle pain. The treating physician is requesting gabapentin 300 mg #60 with 4 refills. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin: "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." In this case, review of progress reports dated 03/22/2013, 06/25/2013, and 08/20/2013 does not indicate that the employee presents with any neuropathic pain. The employee has musculoskeletal pains of the back, hip and ankle but no radiculopathy or other neuropathic pains. On 10/08/2013 the treating physician wrote a letter in response to the denial. This report also does not discuss a diagnosis of neuropathic pain. The request for gabapentin is not medically necessary, and recommendation is for denial.