

<b>Case Number:</b>	CM13-0051690		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

This is a female patient who reported an injury on 11/14/2007. The mechanism of injury is not specifically stated. A request for authorization for pharmacy purchase of gabapentin 100% #120 was submitted by [REDACTED] in 10/2013. However, there was no documentation of a physician progress report by the requesting provider on the requesting date. The latest physician evaluation report was submitted by [REDACTED] on 06/17/2013. Physical examination at that time revealed tenderness to palpation of the cervical spine, intact sensation, full range of motion of the extremities, normal sensation in all lumbar dermatomes and 5/5 motor strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of 100% gabapentin #120:** 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 Page(s): 16-18.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. 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. There was no documentation of a physical examination by the requesting provider on the requesting date. Therefore, there is no evidence of neuropathic pain or any evidence of a significant musculoskeletal or neurological deficit. Based on the clinical information received, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.