

<b>Case Number:</b>	CM13-0056874		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/04/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 62 year old male who reported an injury on 08/04/2003; the mechanism of injury was not provided within the medical records. Within the clinical note dated 02/14/2013, it was noted the injured worker reported bilateral back pain radiating to the buttocks and posterior thighs. Upon physical examination, there was tenderness to palpation to the bilateral lumbar paraspinal muscles, lumbar range of motion was restricted due to pain in all directions, and lumbar discogenic provocative maneuvers were positive. The provider recommended Gabapentin 300MG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO GABAPENTIN 300MG #180 FOR 2 MONTHS SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (Aeds), Medications For Chronic Pain, and Gabapentin (Neurontin) Page(s): 16-.

**Decision rationale:** The California MTUS guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality

should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note 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. The documentation reported the injured worker reported bilateral back pain radiating to the buttocks and posterior thighs. There is no mention of muscle weakness or numbness, which would be indicative of neuropathy. It did not appear the injured worker had diagnoses which would indicate the injured worker's need for the medication. Therefore, the request is not medically necessary.