

<b>Case Number:</b>	CM13-0058658		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/27/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and Rehabilitation 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:

Patient is a 51-year-old male who has submitted a claim for lumbar strain, lumbar neuritis, and lumbar segmental dysfunction associated with an industrial injury date of 6/27/2002. Medical records from 2013 were reviewed. The patient complained of low back pain, rated 4/10 in severity, aggravated by bending, twisting, sneezing and coughing. There was occasional numbness involving bilateral lower extremities. Patient reported that the intake of medications provided symptom relief. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Reflexes were hyporeactive at bilateral ankle. Sensation was intact. Treatment to date has included chiropractic care, physical therapy, and medications such as tramadol, Flexeril (since July 2013), and gabapentin (since May 2013). Utilization review from 10/28/2013 denied request for GABAPENTIN 600MG #90 because there was no evidence of functional improvement with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient has been on gabapentin since May 2013. Patient reported symptom relief with medication use. Clinical manifestation of low back pain with occasional numbness at bilateral lower extremities was likewise consistent with neuropathic pain. Guideline criteria were met. Therefore, the request for gabapentin 600 mg, #90 is medically necessary.