

<b>Case Number:</b>	CM13-0060520		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 12, 2012. In a Utilization Review Report dated November 26, 2013, the claims administrator denied a request for gabapentin and concurrently denied a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator invoked non-MTUS ODG guidelines to deny the electrodiagnostic testing and stated that there was a lack of ongoing improvements so as to justify usage of gabapentin. The claims administrator seemingly suggested that the applicant had undergone earlier lumbar epidural steroid injection therapy at various points over the course of the claim. The applicant's attorney subsequently appealed. However, no completed medical progress notes were attached to the application for Independent Medical Review. In a handwritten prescription dated November 19, 2013, the attending provider furnished the applicant with a prescription for gabapentin. No clinical progress notes were attached. Similarly, electrodiagnostic testing was ordered via a November 12, 2013 handwritten order form. On that order form, it was stated that the applicant's operating diagnosis was L5-S1 radiculopathy, bilateral. No rationale for the electrodiagnostic testing was proffered by the attending provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 300 MG 1 QID # 90 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked (at each visit) as to whether there have improvements in pain and/or function with the same. In this case, however, no completed progress note was attached to the request for authorization or to the application for Independent Medical Review. The applicant's work and functional status were not outlined by the applicant's attorney, attending provider, or utilization reviewer. Therefore, the request for Gabapentin is not medically necessary.