

<b>Case Number:</b>	CM14-0100383		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/01/1997
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 61-year-old female who was injured on August 1, 1997. The patient continued to experience insomnia and pain in right shoulder, right hip, and lumbar spine. Physical examination was notable for tenderness over the right acromioclavicular joint, bilateral lumbar paraspinal tenderness, mildly decreased strength in right anterior tibialis and left peroneus longus/brevis and hypesthesia in right L5 and S1 dermatomes. Diagnoses included status post L4-5 and L5-S1 lumbar fusion, residual low back pain with right lower extremity radiculopathy, right hip pain, and right shoulder tendonitis. Treatment included surgery, aquatic therapy, and medications. Request for authorization for Gabapentin 300 mg # 60 for nerve pain was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 300 MG BID #60 FOR NERVE PAIN, LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Per guidelines, recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient had not obtained adequate control of her analgesia. Pain remains at 8/10. A switch to another medication should occur if adequate analgesia has not been obtained. The request for Gabapentin 300mg #60 is not considered to be medically necessary.