MAXIMUS Federal Services

| Case Number: | CM14-0101293 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 05/15/1999 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

## 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 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 May 15, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a cane; earlier lumbar laminectomy surgery; and anxiolytic medications.In a Utilization Review Report dated June 13, 2014, the claims administrator retrospectively denied a request for Gabapentin.The applicant's attorney subsequently appealed.In a July 15, 2014 progress note, the applicant reported persistent complaints of low back pain, at times sharp and stabbing with paresthesias about the lower extremities also appreciated from time to time. The applicant was using Norco, Zanaflex, and Alprazolam, it was stated. A drug screen was performed. There was no mention of Gabapentin usage on this particular occasion. The applicant was described as already permanent and stationary.On March 11, 2014, the applicant was described as having persistent complaints of low back pain. The applicant was using a cane to move about. The applicant was on Norco and Xanax. An interferential current stimulator was sought. There was no mention of Gabapentin raised on this occasion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION: GABAPENTIN; 300 mg, # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic Page(s): 49; 7.

**Decision rationale:** While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Gabapentin is considered a first-line treatment for neuropathic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved. Page 7 of MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider should be knowledgeable regarding prescribing information and adjusts the dosing to the individual applicant. In this case, however, the attending provider did not state why and/or for what purpose Gabapentin was being employed. It was not stated whether or not Gabapentin was, in fact, being employed for neuropathic pain or not. The attending provider, indeed, did not specifically allude or mention introduction of and/or usage of Gabapentin on several progress notes, cited above, including on July 15, 2014 or on March 11, 2014. Therefore, the request is not medically necessary.