

<b>Case Number:</b>	CM14-0110371		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family 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:

This is a 37-year-old female patient to reported an industrial injury on 10/5/2009, five (5) years ago, attributed to the performance of her usual and customary job duties reported as a trip and fall. The patient complains of constant left lower externally pain that was worse with weight-bearing and severe left knee Pain. The objective findings on examination included antalgic gait favoring the left lower extremity; well healed surgical incision; tissue defect over the left lateral aspect of the ankle and Achilles tendon; Mark hyperalgesia and allodynia; clicking sensation within the range of motion of the left ankle. The diagnosis was RSD status post repair of the peroneus brevis tendon with ankle arthroscopy and debridement with subsequent removal of hardware. The patient received postoperative rehabilitation physical therapy. The patient was prescribed Gabapentin; Ibuprofen; Lidoderm patches; and Lorazepam. The patient was prescribed Gabapentin 300 mg #60 with five refills; however, the request was modified to Gabapentin 300 mg #60 with refill x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs, specific anti-epilepsy drugs gabapentin Page(s): 16, 18. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter 8/8/2008, page 110; Official Disability Guidelines (ODG), pain chapter-medications for chronic pain

**Decision rationale:** The treating physician has prescribed Gabapentin 300 mg #60 to the patient for the treatment of neuropathic pain over a prolonged period of time with the documentation of efficacy noted in the ongoing clinical record. The treating physician has noted decreased pain with the use of Gabapentin. There is documentation of functional improvement with the prescription of the Gabapentin 300 mg bid. There is documented objective evidence of CRPS/RSD and neuropathic pain. The patient is noted to have evidence of neuropathic pain. The patient is demonstrated to have neuropathic pain for which Gabapentin has provided functional improvement. The patient is documented on examination to have neuropathic pain for which the patient has received functional benefits from the use of Gabapentin. The prescription of Gabapentin (Neurontin) was demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however, the ACOEM Guidelines. Gabapentin or Pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The patient has demonstrated neuropathic pain secondary to a nerve impingement neuropathy as neuropathic pain for, which Gabapentin/Lyrica is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/Gabapentin/Pregabalin) as a first-line therapy for painful polyneuropathy such as diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence-based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for Gabapentin 300 mg #60 x2 refills is demonstrated to be medically necessary; there is no demonstrated medical necessity for Gabapentin 300 mg #60 with refills x5. There was no rationale supported with objective evidence provided by the treating physician to support the medical necessity of five refills.