

<b>Case Number:</b>	CM14-0151925		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 neck, low back, bilateral shoulder, and bilateral leg pain reportedly associated with an industrial injury of November 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for Gabapentin on the grounds that the applicant did not have any evidence of neuropathic pain. The claims administrator stated that it was basing its decision on a progress note and RFA form dated August 13, 2014. The claims administrator stated that the applicant had issues with neck pain radiating to the arms and back pain radiating to the legs. The applicant was placed off of work, on total temporary disability, through September 24, 2014, the claims administrator reported. The applicant's attorney subsequently appealed. The remainder of the file was surveyed. The bulk of the information on file compromised of historical documents from 2013. The August 13, 2014 RFA form and/or associated progress notes were not furnished. It was not evident based on estimated documentation whether or not the request for Gabapentin was a first-time request or a renewal request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Gabapentin 600 mg #90 1 tab p.o. qhs: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's) Page(s): 16-17, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic. Pain Mechanisms section. Page(s): 3, 49.

**Decision rationale:** As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin), an anticonvulsant adjunct medication, is a first-line medication for neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that neuropathic pain is characterized by symptoms such as paresthesias, tingling, and burning sensations. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that all chronic pain states may have some neuropathic component. In this case, the applicant's ongoing complaints of neck pain radiating to the arms and back pain radiating to the legs does suggest the presence of an active neuropathic (radicular) pain for which Gabapentin was indicated, contrary to what was asserted by the claims administrator. Therefore, the request was medically necessary.