

<b>Case Number:</b>	CM14-0164143		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45-year-old female who reported an injury of unspecified mechanism on 03/17/2010. On 08/22/2014, her diagnoses included lumbar myofascial pain, intervertebral disc disease, and bilateral lumbar radiculitis. Her complaints included persistent low back pain, which elevated with her activities of daily living and had worsened over time. She reported that her pain radiated into her left leg. Her treatment plan included refilling medications to include gabapentin 800 mg. The medications were being refilled for the alleviation of symptoms. A Request for Authorization dated 08/22/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin), Page(s): 16-22 49.

**Decision rationale:** The request for Gabapentin 800 mg #90 is not medically necessary. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being

the most common example). There are few randomized control trials directed at central pain. A "good" response to the use of antiepileptic medications is a 50% reduction in pain and a "moderate" response is a 30% reduction. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There is no evidence in the submitted documentation that this injured worker had diabetic neuropathy, postherpetic neuralgia, or complex regional pain syndrome. Additionally, the request did not specify frequency of administration. Therefore, this request for Gabapentin 800 mg #90 is not medically necessary.