

<b>Case Number:</b>	CM14-0166186		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/04/1997
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Geriatrics 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 injured worker is a woman with a date of 8/4/97. She was seen by her provider on 9/16/14 with complaints of low back pain radiating to her legs. Her exam showed tightness with straight leg raising. She could heel and toe walk. Rotation motion was painful. Achilles reflexes were decreased compared to patella tendon reflex. Flexion at the waist was to 50 degrees. Her medications included gabapentin, ibuprofen and hydrocodone/acetaminophen. Her diagnosis was lumbar degenerative disc disease. At issue in this review is gabapentin which was used for night pain but length of prior therapy was not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #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 Page(s): 16-22.

**Decision rationale:** This worker has chronic back pain with limitations in range of motion noted on physical examination. Her medical course has ongoing use of several medications including narcotics, NSAIDs and gabapentin. 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity for gabapentin is not substantiated in the records.