

<b>Case Number:</b>	CM14-0174213		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	02/09/2001
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Anesthesiology 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 patient is a 63-year-old female with a date of injury of 02/09/2001. The patients' diagnoses include severe back pain, leg pain with radiation and numbness and tingling to the right ankle, neck pain, seizure disorder, psychotic disorder, anxiety and depressive disorder. The patient's medications include seroquel, trazadone, zocar, valium, pristiq ER, deplin, remeron, orphenadrine and gabapentin. On 09/25/2014 the medication documentation states, gabapentin is necessary for pain and radicular symptoms, two tablets T.I.D. According to the medical documentation on 08/28/2014 gabapentin 600 mg QTY 180 was dispensed. On 09/25/2014 two bottles of 600 mg gabapentin were dispensed with instructions to take two tablets T.I.D.

### 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, QTY: 180 for the service date of 09/25/14:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): 2013 (Pain), Gabapentin (Neurontin)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 16-21, 49, 83.

**Decision rationale:** Gabapentin is an anti-epilepsy drug and recommended for chronic neuropathic pain or pain due to nerve damage. In addition, it is also recommended for painful polyneuropathy as a first line therapy. There is also evidence to suggest that utilization of gabapentin results in decreased opioid consumption. According to the MTUS Guidelines the side-effect profile of gabapentin is favorable and there are few clinically significant drug-drug interactions. In addition, MTUS Guidelines recommend that gabapentin should not be abruptly discontinued. Therefore, the above listed issue IS considered to be medically necessary.