

<b>Case Number:</b>	CM14-0176879		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 34 year old female who sustained an industrial injury on 11/22/10. Her medications included Ibuprofen and Famotidine. Her other treatments included psychotherapy. An EMG of lower extremities done on 07/30/14 revealed possible left sided L5-S1 radiculopathy and possible sensory neuropathy. The clinical note from 08/27/14 was reviewed. She was being treated for back pain and left lower extremity pain with insomnia. Her pain in the lumbar spine was 6-7/10, constant and sharp, with numbness and tingling, radiation down to both legs and associated with insomnia and feeling more depressed. Pertinent examination findings included limited lumbar spine range of motion, positive toe and positive heel walk with positive paraspinal tenderness. Her diagnoses included lumbar spine strain/sprain, L4-L5 disc injury, lumbar spine radiculopathy, major depressive disorder and insomnia. The request was for gabapentin 600mg one at bedtime for 7 days, two at bedtime for the next 7 days and then three at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg, 1 at bedtime x 7 days then 2 at bedtime x 7 days, then 3 at bedtime for the following 7 days #90, 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18.

**Decision rationale:** According to MTUS, Chronic Pain Medical Treatment guidelines, Gabapentin has been shown to be an effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been a first line treatment for neuropathic pain. The employee had lumbar spine pain with radiation to both legs. She also had an EMG that showed possible left sided L5-S1 radiculopathy as well as sensory neuropathy. She had tried medications and continued to have 6-7/10 pain. Hence, the request is medically necessary and appropriate.