

<b>Case Number:</b>	CM14-0179803		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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:

Patient is a 58 year-old female with date of injury 10/01/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/03/2014 lists subjective complaints as pain in the low back with radicular symptoms down the right thigh. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and increased pain with flexion and extension. SI joints and sciatic notches were non-tender. Straight leg test was positive on the right. Deep tendon reflexes were 2+ and symmetric. Sensation was intact but slightly decreased over the right L5-S1 dermatome and 5/5 strength in the bilateral lower extremities. Babinski's, Patrick's sign, and Gaenslen's maneuver were negative. Diagnosis: 1. Lumbar degenerative disc disease. 2. Discogenic low back pain. 3. Right L5 and S1 radiculitis. 4. Lumbar spondylosis. 5. Bilateral lumbar foraminal stenosis. 6. Chronic pain syndrome. 7. Lumbar spondylolisthesis. The medical records supplied for review document that the patient was first prescribed the following medication on the date of the request for authorization of 10/03/2014. Medications: 1. Gabapentin Compound Powder x120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Compound Powder 120 for 15 Days Supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. In addition, the patient has been prescribed a compounded form of gabapentin powder. There is no documentation explaining why the patient requires a compounded powder instead of standard capsules. Gabapentin Compound Powder 120 for 15 Days Supply is not medically necessary.