

<b>Case Number:</b>	CM14-0021895		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Texas. 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 57-year-old female who sustained an injury on 07/02/02. No specific mechanism of injury was noted. The injured worker has been followed for ongoing chronic low back pain following a previous lumbar surgical intervention. The injured worker is noted to have attempted a spinal cord stimulator trial which ultimately failed. The injured worker's ongoing complaints were being managed with multiple medications to include Lidoderm patches, Gabapentin, Norco, Trazadone, and Zanaflex. As of 11/27/13, the injured worker was being followed by [REDACTED] for pain management. The injured worker reported persistent low back pain 7/10 on the visual analog scale (VAS). The injured worker did report benefits from the medication to decrease pain and increase functional status. The injured worker's prior fusion was from L4 to S1 completed in 2003. On physical examination, the injured worker had continuing loss of lumbar range of motion with associated spasms and tenderness to palpation. The straight leg raise was reported as positive to the left at 60 degrees. There was ongoing sensory loss in the left toes. The injured worker was recommended to continue with medications for pain management. Follow-up on 12/23/13 indicated the injured worker was trying a TENS unit for pain relief. Medications continued to provide functional improvement and pain reduction. Pain scores were at 7/10 on the VAS. The injured worker's physical examination was essentially unchanged. The injured worker's follow up on 01/02/14 noted no change in the injured worker's pain scores. No changes in the injured worker's medications were noted. The injured worker's physical examination was again unchanged. On 02/19/14, the injured worker's pain was 6/10 on the VAS. The injured worker continued to report that medications were working well. Physical examination continued to note limited range of motion with associated muscle spasms and tenderness to palpation. There continued to be decreased sensation to light touch in the left toes. The injured worker indicated that with medication she was able to perform most activities of

daily living. As of 03/19/14, the injured worker continued to report a reduction in pain from 7 to 4.5/10 on the VAS. The injured worker did report better sleep with Trazadone at 100mg. The injured worker continued to utilize Gabapentin at 600mg three (3) times daily. The physical examination findings remained unchanged. The requested Gabapentin 600mg, quantity 90 with three (3) refills was denied by utilization review on 02/15/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**GABAPENTIN 600MG #90 WITH THREE (3) REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 13-16.

**Decision rationale:** Based on review of the injured worker's clinical documentation, this reviewer would have recommended the request for Gabapentin, quantity 90 with 3 refills as medically necessary. The injured worker has had ongoing functional improvement with the use of Gabapentin to address neuropathic pain in the lower extremities. The Chronic Pain Guidelines recommend Gabapentin as a first line treatment option for neuropathic pain. Given the reduction in pain scores with the use of Gabapentin, there is evidence to support its efficacy in this case. Given the high likelihood that the injured worker will continue to have neuropathic symptoms for a long duration of time, this reviewer would have recommended the request for three (3) refills of Gabapentin given the good response obtained with this medication. As such, the request is recommended as medically necessary.