

<b>Case Number:</b>	CM14-0039464		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/02/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, has a subspecialty Interventional Spine 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:

The patient is a 59 years old female with an injury date on 12/02/2003. Based on the 03/06/2014 visit note provided by [REDACTED], the diagnosis is: Syndrome post laminectomy lumbar. According to this report, the patient complains of low back pain. The patient is alert and oriented x 3 but continues to remain symptomatic. There was no examination findings provided in the reports from 11/05/2013 to 04/03/2014. There were no other significant findings noted on this report. [REDACTED] is requesting Gabapentin 300mg #30. The utilization review denied the request on 03/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/05/2013 to 04/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Gabapentin 300mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on the MTUS: Chronic Pain Medical Treatment Guidelines, Gabapentin, page 18 and 19.

**Decision rationale:** According to the 03/06/2014 report by [REDACTED] this patient presents with low back pain. The provider is requesting Gabapentin 300mg #30. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, The ODG recommends for neuropathic pain (pain due to nerve damage). On the 03/06/2014 report, there were no discussion or examination findings to indicate neuropathic pain. Where post-laminectomy syndrome is listed as one of the diagnoses, there is no description of radicular or leg symptoms. Furthermore, there is no discussion as to what Gabapentin has done for this patient. It is quite possible that the patient's radicular symptoms are resolved due to the use of Gabapentin but the provider does not document this. Therefore, Gabapentin 300mg #30 is not medically necessary.