

<b>Case Number:</b>	CM14-0043133		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/08/1993
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 in Pain Management 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 is a female patient with the date of injury of July 8, 1993. A Utilization Review was performed on April 4, 2014 and recommended non-certification of Gabapentin 800 mg three times a day, #90. An Evaluation dated March 21, 2014 identifies Interval History of standing has been difficult due to the severity of pain. Gabapentin has calmed symptoms by over 50%. Paralumbar spasm measured 6 centimeters on the right and 4 centimeters on the left. The posterior facets remained tender at L2, L3, L4, and L5 on the left, and there was decreased lumbar range of motion. There was tenderness at the sacroiliac joint, sacroiliac cyst, piriformis muscle, and greater trochanter. The diagnoses included BAK fusion, L4 and L5, piriformis myofascial pain syndrome, sleep impairment related to chronic pain, and chronic opiate intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg, three times a day, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics. 12th edition, McGraw Hill, 2006. Physician's Desk Reference. 68 edition. Official Disability Guidelines-Workers' Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, while there is a note that Gabapentin has calmed symptoms by over 50%, there is no identification of any specific analgesic benefit, and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the request is not medically necessary.