

<b>Case Number:</b>	CM14-0051953		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/16/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 40 year old female who sustained injury on 09/16/05. No specific mechanism of injury was noted. The clinical record from 04/16/14 discussed medications. The injured worker had benefits from medications with reduced pain scores from 8 to 5/10 on visual analogue scale (VAS). The injured worker was under an opioid agreement. No specific physical examination findings were noted. The requested gabapentin 600mg Quantity 180 was denied by utilization review on 03/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg 1-2 tablet 3x a day#180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 16-22.

**Decision rationale:** This reviewer would not have recommended this medication as medically necessary. There is a paucity of clinical information to establish an ongoing neuropathic condition that would reasonably require this medication. The clinical documentation discussed medications but did not provide specific physical examination findings demonstrating ongoing

neuropathic conditions that would reasonably require the use of this medication. Prior utilization review noted that this medication was modified to a quantity of 90. This reviewer agrees with the prior utilization review determination for modification of the request to quantity of 90. Therefore, request for Gabapentin 600 mg is not medically necessary.