

<b>Case Number:</b>	CM14-0064196		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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:

This is a 53-year-old male with a 10/17/08 date of injury. The mechanism of injury occurred when the patient lifted a box of grapes. According to a progress report dated 7/17/14, the patient complained of ongoing neck, upper and lower back, and bilateral lower extremity pain. He continued to complain of aching, stabbing, and numbness to the neck with radiation of numbness to the bilateral upper extremities extending no lower than the shoulders. He currently rated his neck pain at an 8/10 on the pain scale. Objective findings: ROM of the cervical and lumbar spines is decreased throughout; decreased left C6, C7, C8 dermatomes; decreased left L4, L5, and S1 dermatomes to pinprick and light touch; hyperreflexic in bilateral patellar and Achilles, positive slumb test bilaterally causing pain to the bilateral feet. Diagnostic impression: Herniated nucleus pulposus of the lumbar spine; facet arthropathy of the lumbar spine; concordant pain at L3-L4; status post microlumbar decompression; chronic pain syndrome; lumbar radiculopathy. Treatment to date: medication management, activity modification, acupuncture, chiropractic therapy. A UR decision dated 4/24/14 modified the request for Gabapentin 600 mg #90 with 2 refills to Gabapentin 600 mg #90 with zero refills. A specific rationale for the modification was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90, 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has been on Gabapentin since at least July, 2013. It appears that he sees his primary treating physician every 3 months for ongoing monitoring of his condition. The patient stated that his medications help to reduce his pain and improve his daily function. He currently denies any side effects to his medication. Therefore, the request for Gabapentin 600mg #90, 2 refills was medically necessary.