

<b>Case Number:</b>	CM14-0083106		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Louisiana. 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 25-year-old male who sustained injury on 09/03/2013 to his lower back while he was carrying a 5-gallon bucket of grout water and tripped over a piece of wood. Treatment history includes medications, physical therapy, HEP, and TENS unit. Medication treatment includes Naproxen, Topiramate, and Methoderm. A progress report dated 05/12/2014 indicates the subjective complaints include pain level 5. The patient reported pain in his low back with radiation to his left leg. Continue gabapentin. Has improved HEP since started gabapentin. No rash. No SOB. Since unclear if rash from gabapentin, patient would like to try again-good pain control. Epidural reduced pain, not constant. He continues to use TENS, heat therapy and theracane. He reports numbness in leg is made worse with prolonged sitting/standing and bending to the ground. Mood ok, no SI. Objective findings include TTP, reflexes normal, normal gait, mental status, alert and oriented, and skin clean/dry/intact. ROM reduced, TTP lumbar psm, reduced sensation LLE, and no redness at injection site. Diagnoses included lumbar DDD, upper/lower extremity, numbness and tingling, myofascial pain/lumbar radiculopathy, hx suicide attempt, and hx asthma. UR dated 05/20/2014 indicates the request for 1 prescription of gabapentin 300 mg was non-certified because per the documentation, the patients pain level appears to have not changed significantly with the use of anti-epileptic drugs such as Topiramate and gabapentin. Although there was a report the patient could participate more in his home exercise program, there was no objective evidence of improvement as a result of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Gabapentin 300 mg.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin, Gabarone, generic available Page(s): 16-19.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Gabapentin is an anti-epilepsy drug recommended as a first line treatment for neuropathic pain. A trial of the medication should be attempted and with at least 30% improvement in symptoms, the medication should be continued. In this case, there are no supporting documentation of any significant improvement in pain level. This medication is not medically necessary.