

<b>Case Number:</b>	CM14-0083355		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/02/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/14/2014
<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 Illinois. 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 29-year-old female who reported an injury on 08/02/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/14/2014 indicated diagnoses of causalgia of lower limb, pain in joint of lower leg and pain in joint of ankle and foot. The injured worker reported left lower extremity pain, right arm pain, and pain in the lower/mid back that radiated up the back and settled to the right arm rated 7/10 to 8/10. The injured worker reported the pain had not changed since it started. The injured worker reported her pain was chronic and stable. The injured worker reported her spinal cord stimulator is working well and she used it daily. The injured worker reported moderate exacerbation of left foot pain due to cold weather. The injured worker reported she used the spinal cord stimulator with good pain relief. The injured worker reported the current pain medication regimen was helping both pain and function. The injured worker denied any side effects or issues with current pain medications and would like to continue with current medications. The provider discussed the risk/benefits and conservative alternatives with the injured worker and the injured worker demonstrated understanding of the discussion. The injured worker reported her quality of sleep was poor. The injured worker complained of right foot pain and that a door fell on her foot resulting in distal fibular and tibia on 08/2009. The injured worker denied new weakness, new changes in sensation, or bowel/bladder incontinence, new saddle anesthesia, and denied other constitutional symptoms. The injured worker reported pain has overall limited injured worker's activities of daily function and decreased quality of life. The injured worker denied any side effects associated with medication use including expiratory difficulties. The injured workers' medications included Ambien, Cyclobenzaprine, MS Contin, Norco, Prilosec, Valium, Gabapentin, and Diclofenac. The injured worker's treatment plan included CT, a new spinal cord replacement. The injured worker's prior treatment included diagnostic imaging and medication

management. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prescription Drug, generic Gabapentin 600 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 17, 24, 63, 68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18.

**Decision rationale:** The California MTUS guidelines recognize Gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The injured worker, at one time, reports the pain medication is helping with both pain and function. Later on, the injured worker reports the pain overall limits activity of daily function and decreased quality of life. There is no indication that the use of Gabapentin has resulted in diminished pain levels and functional improvement. In addition, the request for Gabapentin lacks a frequency. Therefore, the request is not medically necessary.