

<b>Case Number:</b>	CM14-0083408		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 03/11/2005. The mechanism of injury was a slip and fall. These included cervical pain, cervical disc protrusion. Treatments included medication, MRI, chiropractic treatment, physical therapy. On clinical note dated 05/05/2014, it was reported the injured worker complained of left arm pain and would drop objects. On physical examination the provider noted left neck pain, and limited left shoulder range of motion. The clinical documentation submitted was largely illegible. The request submitted is for gabapentin 300 mg. However, the rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, #90:** 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 Specific Anti-epilepsy Drugs Page(s): 18.

**Decision rationale:** The request for gabapentin 300mg, #90 is non-certified. The injured worker complained of left upper back pain and pain in the left shoulder. The California MTUS

Guidelines note that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should be evaluating the effect of pain relief in the relationship to improvement in function with increased activity. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. Objective findings indicated the injured worker had muscle weakness or numbness which would indicate neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.