

<b>Case Number:</b>	CM14-0083924		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 54 year old male injured on 08/21/13 when he tripped and fell after stepping on a pipe while carrying an eight foot ladder. The injured worker suffered brief loss of consciousness with subsequent dizziness, right shoulder pain, right hip pain, right knee pain, and low back pain. The injured worker had subsequent seizure activity and headaches requiring medication management including Keppra and Elavil. The injured worker required orthopedic surgery on 05/15/14 for medial meniscus tear. Clinical note dated 05/08/14 indicated the injured worker presented complaining of low back pain radiating to the right lower extremity into the right lateral leg rated 8/10 on the visual analog scale with bending, lifting, sitting, and standing for prolonged periods of time and going to the bathroom. The injured worker reported decrease in pain to 6/10 on the visual analog pain scale with Relafen and cold packs. The injured worker also complained of right knee pain, headaches, dizziness, hearing difficulty, and vertigo. Physical examination revealed 4/5 strength to the right ankle dorsiflexion and first toe extension, decreased lumbar spine range of motion, 1+ right medial hamstring deep tendon reflexes, sensation decreased to the right lateral leg, tenderness to the L5 spinous process, and moderate spasm to the right L5 and S1, moderate tenderness to right lumbosacral spine, and positive right straight leg raise. Treatment plan included Celebrex 200mg one daily, Tylenol 500mg every 12 hours, gabapentin 600mg twice daily, and Methoderm cream twice daily. Additionally, request for transcutaneous electrical nerve stimulation (TENS) unit trial, electrodiagnostic studies (EMG/NCV), and transportation to and from medical appointments. The initial request for gabapentin 600mg and purchase of TENS unit was non-certified on 05/15/14.

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

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

**Gabapentin 600mg:** Overturned

**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 9792.20, Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 600mg is medically necessary.