

<b>Case Number:</b>	CM14-0087112		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/08/1985
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old male with a work injury dated 5/21/14. The diagnoses include lumbar postlaminectomy syndrome and chronic pain syndrome. Under consideration is a request for Gabapentin 300mg #60. There is a primary treating physician (PR-2) document dated 5/21/14 that states that the patient has complaints of low back pain radiating down the right lower extremity and numbness in the anterior thighs. The document states that the patient prefers to take Gabapentin in the a.m. to avoid a hangover effect. He states that it helps his thigh numbness. The patient has a sharp stabbing pain on the right side of his back which gets worse with bending over and returning to an upright position. This is episodic in nature. He has numbness and aching in his right anterior thigh which radiates to the calf and left anterior thigh. He has had multiple bilateral sacroiliac and radiofrequency lesioning procedures. On physical exam the straight leg raise only causes back pain. There is diffuse facet tenderness. He has a positive Gaenslen, positive Fabere, and positive sacroiliac compression test. There is treatment plan to continue Gabapentin for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18-19.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guideines state that Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient describes a sharp stabbing pain and has had numbness in his thighs suggestive of a neuropathic etiology. This pain is relieved by Gabapentin. The request for Gabapentin 300mg #60 is medically and appropriate.