

<b>Case Number:</b>	CM14-0126721		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/07/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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, who sustained an industrial injury on 9/07/2005. He reported a fifteen (15) foot fall off a ladder resulting in a burst fracture at the L2 level. Diagnoses include status post burst fracture of thoracic spine with nerve injury, neuropathy/neuropathy post spinal fracture, neurogenic bladder, and chronic low back pain, and status post lumbar fusion. Treatments to date include lumbar fusion followed by inpatient rehabilitation and medication management. Currently, he complained of increasing low back pain within the previous few months. Pain was rated 7/10 VAS on average, with 10/10 VAS at worst and 6/10 VAS at best. Medications were documented to provide 60-70% relief of symptoms. Low back pain was associated with radiating symptoms down bilateral lower extremities, bladder symptoms, bowel symptoms, and increased sensitivity and sweating. On 7/14/14, the physical examination documented marked decreased lower extremity strength and decreased sensation. The provider documented diagnoses of crushed spinal cord with multiple fractures with progressively increased symptoms and progressive ongoing cauda equine syndrome. The provider further documented he was a non-surgical candidate for lumbar spine repair. The plan of care included physical therapy, medial branch blocks, and possible future implantation of a spinal cord stimulator. The provider documented diagnoses of crushed spinal cord with multiple fractures with progressively increased symptoms. This appeal request is to authorize Gabapentin 300mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18.

**Decision rationale:** The claimant sustained a work injury in September 2005 and continues to be treated for radiating back pain. He sustained injuries as the result of a fall and has diagnoses including consequent syndrome. Medications are referenced as providing up to 70% pain relief. When seen, there was decreased lower extremity strength and sensation. Medications include gabapentin being prescribed at a total dose of 1200 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommended and medications are effectively controlling his pain. He has neuropathic pain after a spinal injury. The request was medically necessary.