

<b>Case Number:</b>	CM14-0197238		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 21 year old male, who sustained an industrial injury on 04/24/2012. He has reported injury to the low back. The diagnoses have included lumbar sprain/strain; lumbar discogenic syndrome; lumbosacral or thoracic, neuritis or radiculitis, unspecified; and myofascial pain. Treatment to date has included medications, diagnostics, rest, and heat/ice. Medications have included Gabapentin, Flexeril, and Tramadol. A report from the treating physician, dated 09/26/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of constant low back pain radiating to the bilateral lower extremities; pain is sharp and rated at 8/10 on the visual analog scale; it is associated with numbness, tingling, and weakness radiating to the left leg down to the left toe; and it radiates to the right lower extremity down to his big toe intermittently; the pain increases with activities such as bending, climbing stairs, and pushing and pulling more than 10 pounds; and the pain decreases with no activity and somewhat with medication. Objective findings were not included in the submitted documentation. The treatment plan has included the request for Gabapentin 300 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The patient has been taking Gabapentin for at least as far back as 8 months. There is no documentation of any functional improvement. Gabapentin 300 MG #90 is not medically necessary.