

<b>Case Number:</b>	CM14-0205450		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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: Physical Medicine & Rehabilitation

### 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 44 year old male with an injury date of 07/25/05. Per the 11/25/14 report the patient presents with frequent lower back pain and right leg/knee lateral numbness. Pain increased to 7-8/10. The patient is unable to get medications and has gone into withdrawal. The Utilization review states the patient is working with restrictions. Examination reveals slight right lumbar spasms at L4-5 with decreased flexion at the waist. Supine straight leg raising is positive and there is weakness of the extensor hallucis longus graded 4/5. The patient's diagnosis is Lumbar disc disorder with myelopathy. The patient's medical history includes lower back surgery of unspecified date following the 2005 injury as well as GI upset with NSAIDs. There is peer to peer discussion regarding weaning from hydrocodone. Medication as of 11/25/14 is listed as ThermoCare patch and Gabapentin. The treater is requesting for Hydrocodone and approval of tapering of medications. The utilization review is dated 11/25/14. Reports were provided for review from 08/07/14 to 11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding Gabapentin, Gabapentin (Neurontin, Gabarone, generic availabl.

**Decision rationale:** The patient presents with frequent lower back pain with right leg/knee numbness rated 7-8/10. The current request is for Gabapentin 300 mg, sixty count per the 10/26/14 RFA. The 11/25/14 utilization review states the request for #60 with 5 refills was modified to #60 with no refills. As it appears this request as presented above has been certified, it is unclear why it has been submitted for independent medical review. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) 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. MTUS Medications for chronic pain page 60 states that a record of pain and function. This medication is indicated as a first line treatment for the neuropathic pain that is documented for this patient. It appears this medication was just started 11/18/14 as it is not listed in any prior reports. The utilization review cites peer to peer discussion about increased use of this medication as part of the process of weaning the patient from use of Hydrocodone. The request IS medically necessary.