

<b>Case Number:</b>	CM14-0206370		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/29/1995
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Family Practice and is licensed to practice in California. 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:

This is a 63 years old male patient who sustained an injury on 11/29/1995. The current diagnoses include chronic neck and right upper extremity pain, chronic low back and right lower extremity pain, mid back pain, right hip pain and headache. Per the doctor's note dated 11/13/2014, he had complaints of neck and low back pain at 9/10 without medications. The physical examination revealed increased tenderness to lumbar cervical paraspinal muscles with spasm, very uncomfortable look and moves slowly. The medications list includes tramadol, colace and gabapentin. He has had cervical MRI dated 1/23/12 which revealed right paracentral disk osteophyte complex slightly pressing on the spinal cord and causing right-sided foraminal stenosis; lumbar MRI dated 12/29/2011 which revealed moderate spinal stenosis multiple levels, posterior disks at L4-L5 and L3-L4 alongwith bilateral foraminal stenosis. He has undergone cervical fusion at C5-6 and C6-7 in 1996. He has had urine drug screen on 5/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study". The patient had chronic neck and low back pain with radicular symptoms with history of cervical fusion surgery and abnormal cervical and lumbar MRI. Patient had improvement in pain and ADLs with medication. Gabapentin is recommended in patients with this clinical condition. The request of Gabapentin 300mg #90 is medically appropriate and necessary for this patient.