

<b>Case Number:</b>	CM14-0208744		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 61 year old with a date of injury of 9/22/13. He was seen by his provider on 11/12/15 for chronic pain and cervical radiculitis. He complained of persistent left sided neck pain with left upper extremity radiation and associated numbness. He is status post cervical epidural injection. His medications included biofreeze and gabapentin. He denied oversedation or withdrawal from medications. His exam showed diminished light touch sensation in left C6 dermatomal distribution. He had tenderness over the paraspinal muscles and facet joints on the left and trigger points on both sides. His cervical range of motion was normal and he had a positive Spurling's sign on the left. His motor strength was normal in the upper extremities. His diagnoses were cervical radiculitis and chronic pain. At issue in this review is the refill of gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #120 refills 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2013. The medical course has included numerous diagnostic and treatment modalities including epidural and use of several medications including topical agents and gabapentin. Per the guidelines, gabapentin 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. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of gabapentin is not substantiated in the records.