

<b>Case Number:</b>	CM14-0209432		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with the injury date of 01/04/01. Per physician's report 11/06/14 the patient has back pain and left knee pain at 5/10 with medication and 9/10 without medication. The patient denies any side effect. The patient is currently taking Pensaid, Duloxetine, famotidine, Ibuprofen Gabapentin, Xanax, Carisoprodol, Dhea, Norco and Alprazolam. The patient has filed Oxycontin and Androget in the past. The lists of diagnoses are: 1) Post lumbar laminectomy syndrome 2) Lumbar radiculopathy 3) Lumbar facet syndrome 4) Knee pain. Per 10/09/14 progress report, the patient has back pain, radiating down his left leg. His lumbar flexion is 60 degrees and extension is 10 degrees. SLR is positive on the left side in sitting at 80 degrees. The patient has s/p left total knee arthroscopy and lumbar fusion surgery at L3-L4 levels on 03/05/13. Per 09/12/14 progress report, the patient has used Norco when he has increased pain. Urine toxicology report 06/27/14 was positive for methamphetamine and benzodiazepines. Therefore, the treater decreased Soma from QID to TID PRN for muscle spasms. The utilization review determination being challenged is dated on 11/21/14. Treatment reports were provided from 11/25/13 to 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for Gabapentin 300MG #120. The patient has been utilizing Gabapentin since at least 05/30/14. MTUS guidelines page 18 and 19 states that "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." In this case, while the patient presents with neuropathic pain, that of radiculopathy with radiating pain down the leg, the provider does not discuss efficacy in terms of pain and function. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 also require recording of pain and function when medication is used for chronic pain. Given the lack of any documentation regarding how this medication has been effective, the requested Gabapentin is not medically necessary.