

<b>Case Number:</b>	CM14-0091911		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/29/2006
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 37-year-old worker with a work-related injury dated May 29, 2014. Treatment history has included physical therapy, pain medication, muscle relaxants and lumbar epidural steroid injections. At the physician's visit dated May 29, 2014, the worker is complaining of constant stabbing low back pain that is a level six on a scale of ten. This pain radiates down into the left hip, thigh and extending into the left knee. Left hip pain is stabbing and burning in nature and rated a five. The left thigh pain is occasional and a level of three and described as burning and cramping. The pain levels referenced are without pain medication. The worker also had symptoms of depression due to pain and inability to work. Physical exam was remarkable for gait antalgic favoring the left lower extremity. There is severe tenderness over the right paraspinal muscles at the L3-L4, L4-L5 and L5-S1, there is moderate spinal tenderness over the L3-L4, L4-L5 and L5-S1. There is severe tenderness over the facet joints at the L3-L4, L4-L5 and L5-S1 bilaterally greater on the left than the right. Kemp's Test is positive bilaterally. Straight leg raises are positive on the left at 40 degrees. There is moderate tenderness on the sciatic nerve on the left, sensation decreased in the S1 and L5 on the left. Diagnoses at this visit included Lumbosacral neuritis or radiculitis, dysthymic disorder and insomnia. Treatment plan was to continue current medications and continue with physical therapy. The documentation that was submitted for review did not address the request for gabapentin, this medication was not referenced until the November 2014 visit. The utilization review documentation dated June 12, 2014 non-certified the request for gabapentin 100 mg, thirty count. The rationale for non-certification was based on California MTUS, Chronic Pain Treatment Guidelines. Per the guidelines, gabapentin is recommended for the treatment of neuropathic pain. The documentation that was reviewed did not indicate that the worker has neuropathic pain. None of the evaluations provided any neurological examination. The claimant has diffuse symptoms in

the upper extremity. There was no documentation of any numbness, weakness, reflex changes, sensory changes or any symptoms that would support the medical necessity for the medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 100mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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". Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. The claimant has diffuse symptoms in the upper extremity. There was no documentation of any numbness, weakness, reflex changes, sensory changes or any symptoms that would support the medical necessity for the medication. As such, without any evidence of neuropathic type pain, the request for Gabapentin is not medically necessary.