

<b>Case Number:</b>	CM15-0107558		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on May 6, 2002. The injured worker was diagnosed as having asthma and mass in chest. Treatment to date has included oral and inhaled medication and chest x-ray. A progress note dated March 16, 2015 provides the injured worker complains of mild cough. Physical exam notes a few scattered rhonchi with essentially normal pulmonary function test. Chest x-ray showed nothing acute and is unchanged from previous study. There is a request for Gabapentin, Breo Ellipta, omeprazole and Daliresp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg 1 tab 3x/day #90 refills 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

**Decision rationale:** Gabapentin has been shown to be effective in the treatment of diabetic painful neuropathy, postherpetic neuralgia and neuropathic pain. In this case, there is no documentation in the medical records submitted that the patient has any of the above indications for Gabapentin, including neuropathic pain. The rationale behind the request is not stated. Therefore the request is not medically necessary or appropriate without further information.