

<b>Case Number:</b>	CM15-0130238		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/22/1998
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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  
Certification(s)/Specialty: Emergency Medicine

### 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 57-year-old female who sustained an industrial /work injury on 10/22/98. She reported an initial complaint of shoulder and back pain. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date includes medication and surgery. Currently, the injured worker complained of chronic radicular, right shoulder pain with sleep and mood disorder. Per the primary physician's report (PR-2) on 6/18/15, there was difficulty arising from a chair, equivocal seated straight leg raise in the left, reflexes were 2+ in the knees, 1+ in the ankles, no extensor hallucis longus weakness. Mood remains poor. Current plan of care included aquatic, sports rehabilitation, and medication. The requested treatments include Gabapentin 300mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of Gabapentin 300mg with 2 Refills:** 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 Anti-epilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The request is for Gabapentin, which is an anti-epilepsy drug used for the treatment of neuropathic pain. It has predominantly 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. It has also shown benefit in other conditions, including lumbar stenosis, chronic regional pain syndrome and fibromyalgia. A 'good' response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent; or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The injured worker does not have one of the conditions that would typically benefit from Gabapentin. Beyond that, the documentation from the treating physician does not clearly demonstrate a benefit to ongoing use of Gabapentin, and in fact stated that "her pain has not resolved," and she "continues to have marked increases in pain that is threatening her ability to continue full time work." The requirements for ongoing use of Gabapentin have not been met, and therefore it does not appear to be medically necessary.