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| <b>Case Number:</b>   | CM15-0133266 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 07/25/2013 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 06/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2015 |

### 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: Preventive Medicine, Occupational 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 49-year-old female, who sustained an industrial injury on 7/25/13. The injured worker was diagnosed as having lumbosacral sprain and strain, chondromalacia of the right patella, right knee internal derangement, and knee and leg sprain and strain. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of pain in the neck and low back. The treating physician requested authorization for Gabapentin 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60:** Overturned

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

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

**Decision rationale:** The MTUS Guidelines support at least a trial of this medication when neuropathic pain is present. This individual meets the Guideline criteria. There is a possible

issue regarding how many tablets were recommended and Guidelines do not specifically address how many tablets are appropriate for prescription. In general, a month's supply is what is filled by a pharmacy and a month's supply would constitute a reasonable trial of the Gabapentin. If #60 tabs/capsules were recommended this would be consistent with a month's supply. The Gabapentin 100mg #60 is supported by Guidelines and is medically necessary.