

<b>Case Number:</b>	CM15-0134667		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Internal 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 27 year old female, who sustained an industrial injury on 12/10/2012. According to a progress report dated 05/12/2015, the injured worker had a MRI of the lumbar spine that was interpreted as being entirely normal. The injured worker felt pain in the low back going down her leg. She had a sense of numbness in her feet and was not diabetic. She had no known neurologic disease. She had been through physical therapy and acupuncture. She continued to see a psychiatrist. Diagnoses included cervicothoracic strain, doubt significant intrinsic right shoulder pathology, right carpal tunnel and cubital tunnel syndromes, improved right index trigger finger, lumbosacral strain with radicular features and psychiatric diagnoses. The provider noted that in regard to the cervical spine, it seemed that most of the injured worker's symptoms in the right upper extremity were coming from performed nerve entrapments. Future treatment of the cervical spine would be considered later. In regards to the right hand, wrist and elbow, the provider was referring her to a hand specialist. Due to lumbar spine and radicular complaints, the provider was requesting authorization for electrodiagnostic studies of the bilateral lower extremities and a consultation with a neurologist. The injured worker remained temporarily totally disabled. An authorization request dated 05/12/2015 was submitted for review. The requested services included Gabapentin 300 mg #90 1 cap by mouth three times a day as needed. Currently under review is the request for Gabapentin 300 mg 1 capsule three times a day as needed #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg 1 capsule three times a day as needed #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 16,17,18.

**Decision rationale:** Neurontin is used mainly to treat neuropathic pain and especially for the treatment of post herpetic neuropathy. The MTUS states that Neurontin is an anticonvulsant and it reduces hypersensitivity, specifically allodynia and hyperalgesia. It also is effective for treatment of anxiety and is an aid to sleep. It is described as a first line treatment of neuropathic pain, which is most commonly caused by D.M. It has also been found beneficial to treat post stroke pain and managing fibromyalgia pain and lumbar stenosis pain. However, it has not been found beneficial for myofascial pain or axial low back pain. Lastly, there is insufficient evidence to recommend it for combined treatment with morphine for DM neuropathic pain. The patient has probable nerve entrapment pain in her wrists and symptoms of radiculopathy from her lumbar spine. These are nerve related pain syndromes and it is possible that Neurontin would be beneficial in the relief of symptoms. It is worthwhile to have a therapeutic trial to monitor for amelioration of symptoms. The request is medically necessary.