

<b>Case Number:</b>	CM15-0134921		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/26/1998
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/12/2015
<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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 49 year old male sustained an industrial injury on 2/26/98. He subsequently reported back pain. Diagnoses include sprains and strains of lumbar region and lumbosacral radiculopathy. The injured worker continues to experience low back pain and spasming radiating up into the middle back as well as radiation to into the bilateral lower extremities. Upon examination, there is spasm and tenderness and guarding noted in the paravertebral musculature of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation is noted over the L5 dermatomes bilaterally with pain. Antalgic gait is noted. A request for Gabapentin 300mg #90 with 5 refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The patient is a 49 year old male with an injury on 02/26/1998. He has back pain. He has a decreased lumbar range of motion and decreased sensation at L5 bilaterally. He has spasm and tenderness of the paraspinal muscles. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.