

<b>Case Number:</b>	CM15-0136134		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old female who sustained an industrial injury on 3/12/12. The injured worker was diagnosed as having cervicgia, cervical radiculitis, shoulder pain, lumbago, and long-term use of other medications. Currently, the injured worker was with complaints of neck and back pain. Previous treatments included physical therapy, massage therapy, chiropractic treatments, oral pain medication, non-steroidal anti-inflammatory drugs, and home exercise program. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was not clearly indicated. The injured workers pain level was noted as 5/10. Physical examination was notable for tenderness to the C5 and C6 cervical spine, range of motion in the neck limited by pain, Spurling's test positive of the right. The plan of care was for Gabapentin 600 milligrams quantity of 60 for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #60 for lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 17-19.

**Decision rationale:** Gabapentin 600 mg #60 for lumbar spine is medically necessary. CA MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Given that Gabapentin is recommended as first line therapy for neuropathic pain, it is medically necessary in this case.