

<b>Case Number:</b>	CM15-0137586		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	08/25/2015	<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female who sustained an industrial injury on 5-27-2000. Diagnoses are lumbago and chronic pain syndrome, status post lumbar discectomy L4-L5 in 2004. In a progress report dated 6-8-15, the treating physician notes the injured worker is status post lumbar laminectomy and has chronic low back pain and failed back surgery syndrome. She reports persistent numbness in the right lower extremity and complaints of low back pain with radiation into the right lower extremity. Pain level is rated at 4-5 out of 10 and she notes it can increase to 7 out of 10. Use of Norco will decrease pain to 2 out of 10. She notes Neurontin is also effective at managing her pain symptoms. She is not working at this time. She continues long walks and a home exercise program was discussed. Current medications are Gabapentin 100mg 4 times a day and Norco 10-325mg twice a day. A pain contract was signed 6-8-15. The last toxicology screen was done 4-9-15. The last pharmacy CURES was done 4-2-14. The requested treatment is Gabapentin 100mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #120:** 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  
Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". There is no clear evidence that the patient has a neuropathic pain. Furthermore, there is no evidence that Gabapentin is effective in back pain. Therefore, the prescription of Gabapentin 100mg #120 is not medically necessary.