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| <b>Case Number:</b>   | CM15-0142052 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 07/09/2002 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2015 |

### 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: Family Practice

### 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 56-year-old male who sustained an industrial/work injury on 7/9/02. He reported an initial complaint of left hand, left ring, and pinky finger numbness, as well as testicular pain. The injured worker was diagnosed as having post laminectomy syndrome, chronic left cubital tunnel syndrome, chronic right shoulder pain, and genitourinary complaints of testicular pain, probably related to lumbar injury. Treatment to date includes medication, cortisone injection, and surgery. MRI results were reported on 7/12/13. Currently, the injured worker complained of neck, upper/lower back pain, pain in both shoulders, and tingling of the ring and pinky fingers and left thumb of the left hand. There are cramps in the legs and right testicular pain. Per the primary physician's report (PR-2) on 6/23/15, exam noted anteflexion of the head on the neck allows for 35 degrees of flexion, extension is 10 degrees. Rotation to left is 30 degrees, right is 45 degrees, lateral flexion is 5 degrees to left and right, extension is 5 degrees and flexion is 30 degrees in the left shoulder. Anteflexion of the trunk on the pelvis allows for 45 degrees of flexion, extension is 5 degrees, rotation to the left/right is 10 degrees. There are multiple abrasions on the upper extremities from doing chores. Lower thoracic and lumbar spasm is present, bilateral sacroiliac and trochanteric tenderness, positive Tinel's test at the elbow for ulnar nerve entrapment. The requested treatments include Gabapentin 600 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg Qty 90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs); Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-21, 49.

**Decision rationale:** According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Gabapentin is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is followed for chronic neuropathic pain. However, the medical record do not establish evidence of subjective and objective functional improvement to support the continued utilization of this medication. The request for Gabapentin 600 mg Qty 90 with 3 refills is not medically necessary and appropriate.