

<b>Case Number:</b>	CM15-0149490		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Florida

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 47 year old female who sustained an industrial injury on 10-9-14 in a slip and fall where she rolled her ankle resulting in an inversion twisting injury. She was medically evaluated, had x-rays and it was determined that there was no osseous injury. She then had an MRI and physical therapy with minimal relief of pain. She currently complains of sharp shooting pain of the left ankle with radiating sensation to the knee and bottom of the foot as well as discoloration of the ankle. Her pain level was 6 out of 10. There was minimal ankle swelling. She was able to ambulate with regular shoes. Medication was Tylenol. Treatments to date include physical therapy. Diagnostics were done but they are not available for review. On 7-13-15 utilization review evaluated a request for gabapentin 300mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49 of 127.

**Decision rationale:** MTUS guidelines state regarding Gabapentin, "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." Regarding this patient's case, there is no documentation regarding functional improvement and substantial pain reduction with this medication. Therefore, this request cannot be considered medically necessary.