

<b>Case Number:</b>	CM15-0149507		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/29/2015
<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: California, District of Columbia, Maryland  
 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 61-year-old female who sustained an industrial injury on 01/20/1998. The injured worker was diagnosed with failed back syndrome, neuropathy, neuralgia, neuritis and depression. The injured worker is status post 2 lumbar spine surgeries, lumbar laminectomy and discectomy (no date documented), shoulder surgery times 2 with acromioplasty, bursectomy and excision of the distal clavicle for rotator cuff repair in 1999 and 2012, spinal cord stimulator (SCS) implant in 2011 and generator removal in February 2013. Treatment to date has included diagnostic testing, multiple surgeries, spinal cord stimulator (SCS) implant and removal, lumbar epidural steroid injections, multiple left lumbar sympathetic nerve blocks, physical therapy, back brace, ambulatory devices, CPAP, intraarticular shoulder injections, psychiatric evaluation and medications. According to the treating physician's progress report on July 13, 2015, the injured worker continues to experience low back, left lower extremity and right shoulder pain. The injured worker rates her pain level at 6 out of 10 on the pain scale with medications and 9 out of 10 without medications. According to the medical report the injured worker has developed right radicular symptoms in an L4 distribution. Examination demonstrated decreased range of motion on flexion and extension. There was decreased light touch sensation in the left L5 and S1 distribution and decreased light touch sensation in a right L4 distribution. Left ankle reflex was absent and right ankle reflex was 1 plus. Range of motion was grossly normal for major points except the right shoulder. Current medications were listed as Oxycodone, Lyrica and Zofran. Treatment plan consists of starting Dilaudid 4mg; restart Gabapentin, Medrol Dosepak, lumbar spine magnetic resonance imaging (MRI), discontinuation of Oxycodone and Lyrica and the current request for Gabapentin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg #90 w/ 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia. Per MTUS CPMTG, "Gabapentin (Neurontin) 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." The documentation submitted for review indicates that the injured worker suffers from neuropathy. The UR physician when they cited that this was a request for gabapentin #90 2 with refills was incorrect, the RFA is only for one month supply. This is the first time the injured worker will be taking this medication, assessment of efficacy at this time is impossible. As noted above, the injured worker suffers from neuropathy and the request is indicated, which the UR physician has also agreed with. The request for 1-month supply is medically necessary.