

<b>Case Number:</b>	CM15-0164143		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, New York  
 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 50 year old male who sustained an industrial injury on 9-2-05 while operating a standup lift injuring his leg per utilization review. He currently complains of neck pain and muscle spasms with intermittent numbness in the left upper extremity to the hand; low back pain and muscle spasms with pain radiation down the bilateral lower extremities with bilateral lower extremity numbness to the level of the feet and left lower extremity muscle weakness; bilateral shoulder pain; bilateral lower extremity pain; mid back pain to upper and lower back; erection issue. His pain level was 6 out of 10 with medication and 9 out of 10 without medication. He indicated that his pain is worse since last visit per 6-3-15 note. He reports activities of daily living limitations in the areas of sleep and sex due to pain. On physical exam of the cervical spine there was bilateral spasms and tenderness on palpation; lumbar spine revealed spasms in bilateral paraspinous musculature L2-L5, tenderness on palpation, decreased range of motion, decreased sensitivity to touch, decreased strength, positive seated straight leg raise bilaterally. Medications were Flexeril, gabapentin, hydrocodone, Enova-ibuprofen 10% kit, pantoprazole. Drug screen dated 4-8-15 was consistent with prescribed medications. Diagnoses included lumbar disc degeneration; chronic pain; failed back surgery syndrome; lumbar radiculopathy; status post fusion, lumbar spine. Treatments to date include medications, acupuncture, pool therapy were helpful; home exercise program. Diagnostics included electromyography, nerve conduction study (11-4-13) unremarkable; MRI of the lumbar spine (11-1-13) with abnormalities. In the progress note dated 6-3-15 the treating provider's plan of

care included a request for gabapentin 600mg #60 as it provided a 50% relief of neuropathic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 600mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

**Decision rationale:** The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient was not diagnosed with neuropathic pain. He had electrodiagnostic testing which was negative for neuropathy. He also did not have significant improvement in VAS scores with oral medications. Therefore, the request is considered not medically necessary.