

<b>Case Number:</b>	CM15-0205336		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 male who sustained an industrial injury on 5-25-13. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, fracture bimalleolar closed and status post right shoulder surgery 8-5-15. Subjective complaints (9-25-15) include right ankle pain, right knee pain, right arm pain, lower back pain, and a lot of post-operative pain (right shoulder surgery 8-5-15) controlled with Norco and Tramadol primarily. It is noted Gabapentin is used at night to help with sleep. Objective findings (9-25-15) include mood and affect as anxious and in pain, an antalgic gait, and spasm and guarding of the lumbar spine. Work status is noted as total temporary disability from the date of shoulder surgery. Previous treatment includes Gabapentin (since at least 7-31-15), Nabumetone, Butrans patch, Capsaicin 0.075%, physical therapy, functional restoration program (with noted benefit), and acupuncture (with reported benefit). The treatment plan includes Gabapentin to help with neuropathic pain in his lower extremities. The requested treatment of Gabapentin 600mg #60 was modified to #30 on 10-19-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a work injury in May 2013 when luggage tractor ran over his right foot resulting in distal tibial and fibular fractures. He continues to be treated for right arm, right knee and ankle, and low back pain. Medications include gabapentin with a reported 30% improvement in pain and improved sleep. When seen, he was recovering from right shoulder surgery done in August 2015. He was no longer wearing a splint. He was having postoperative pain being controlled with medications prescribed by his surgeon. He was continuing with physical therapy treatments and had completed 7 of 12 sessions. Physical examination findings included appearing anxious and in pain. There was an antalgic gait. There was lumbar spine spasm with guarding. Medications were refilled including gabapentin at a daily dose of 1200 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommendation and is providing improvement in lower extremity neuropathic pain. Ongoing prescribing was medically necessary.