

<b>Case Number:</b>	CM15-0205361		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	12/10/2015	<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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old female, who sustained an industrial injury on 8-24-2012. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, carpal tunnel syndrome and thoracic or lumbosacral neuritis or radiculitis. A recent progress report dated 9-2-2015, reported the injured worker complained of low back pain radiating to the bilateral lower extremities, worse on the right with right foot pain with numbness and tingling. Pain was rated 7 out of 10. Physical examination revealed lumbar paraspinal tenderness to palpation with spasm and positive straight leg raise test bilaterally. Treatment to date has included lumbar surgery 7-8-2015, physical therapy and medication management. On 9-3-2015, the Request for Authorization requested Gabapentin 600mg #90. On 10-19-2015, the Utilization Review noncertified the request for Gabapentin 600mg #90.

### 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:** 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 patient presents with low back pain radiating to the bilateral lower extremities, right worse than left, and right foot pain with numbness and tingling. The current request is for Gabapentin 600 mg Qty 90. The treating physician states, in a report dated 10/01/15, Gabapentin 600 mg three times daily #90 prescribed and dispensed to address neuropathic pain. (51B) The MTUS guidelines for the usage of Gabapentin state that it is indicated for the treatment of neuropathic pain. The patient has documented radicular complaints and positive SLR testing. Furthermore, the treating physician notes that Gabapentin helps with nerve pain. (50B) based on the MTUS guidelines the request for Gabapentin for the treatment of neuropathic pain is appropriate. The current request is medically necessary.