

<b>Case Number:</b>	CM15-0205920		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/19/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/21/2015
<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, 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 36 year old male, who sustained an industrial injury on 5-19-15. Medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar sprain-strain, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculitis, left sciatica-piriformis syndrome, myofascial pain, depression and poor coping with chronic pain. The injured worker is working with modified duties. On (8-28-15) the injured worker complained of low back pain which radiated to the left lower extremity with associated numbness and tingling. The pain was rated 8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation at lumbar four through sacral one. Range of motion was decreased. Special orthopedic testing was negative. Sensation was diminished to light touch, pinprick, temperature, and two-point discrimination in the left lumbar four more than the lumbar five-sacral one dermatome pattern. Treatment and evaluation to date has included medications, lumbar MRI, x-rays of the lumbar spine, electrodiagnostic studies and chiropractic treatments. Current medications include Naproxen and Gabapentin (since at least August of 2015). The current treatment request is for Gabapentin 300mg #60. The Utilization Review documentation dated 9-21-15 modified the request to Gabapentin 300mg #30 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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:** 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." With regard to medication history, the injured worker has been using this medication since at least 8/2015. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be medically necessary.