

<b>Case Number:</b>	CM15-0024104		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

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 47 year old female who sustained a work related injury on November 1, 1999. She was diagnosed with lumbago, cervicgia, myalgia and myofascitis. Treatment included pain medications, anti-depressants and anti-anxiety drugs. Currently, the injured worker complained of persistent nerve pain, stiffness and weakness. On February 13, 2015, a request for one prescription of Gabapentin 300mg, #90, was non-certified by Utilization Review, noting the California Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with leg pain, and lower back pain. The treater has asked for GABAPENTIN 300MG #90 on 1/8/15. The patient states that she has taken

Gabapentin in the past, but it was discontinued due to fainting spells per 1/8/15 report. The patient "did quite well with Lyrica but the medications were denied" per 1/8/15 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. The patient is currently not working. In this case, the patient has taken Gabapentin before, but there is a lack of documentation of at least 30% improvement in function, side effects, and pain relief per MTUS guidelines. The patient has also complained of the discontinuation of Gabapentin due to side effects-fainting spells. The treater does not provide an explanation as to why this medication is being prescribed. The request IS NOT medically necessary.