

<b>Case Number:</b>	CM15-0223006		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Florida

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 38 year old male who sustained an industrial injury 11-12-14. A review of the medical records reveals the injured worker is undergoing treatment for disorders of the bursae ad tendons in the shoulder region and lumbago. Medical records (08-20-15) reveal the injured worker complains of pain in the upper back, mid back, and left shoulder with radiation to both arms, rated at 9/10. Back pain is noted to be 90% of his pain. The physical exam (08-20-15) reveals full range of motion in the cervical spine, and limited range of motion in the lumbar spine. Tenderness to palpation is noted over the left cervical paraspinal muscles, superior trapezius, as well as the posterior aspect of the unspecified shoulder. Prior treatment includes medications including Tramadol, diclofenac, and gabapentin. The original utilization review (11-03-15) non-certified the request for gabapentin 600mg #90. The documentation supports that the injured worker has been on gabapentin since at least 05-07-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

**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:** MTUS guidelines state regarding Gabapentin, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, there is no objective evidence that Gabapentin is helping to decrease pain and lead to functional improvement. Likewise, this request is not considered medically necessary.