

<b>Case Number:</b>	CM15-0031523		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/02/2007
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 41-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 2, 2007. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve a request for gabapentin. A January 12, 2015 progress note was referenced in the determination. The claims administrator also referenced the misnumbered "page 46" of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. On September 8, 2014, the applicant reported persistent complaints of low back pain. The applicant was severely obese, with BMI of 40. Norco was renewed. The applicant's complete medications list was not detailed. Little-to-no discussion of medication efficacy transpired. On October 8, 2014, applicant was described as using six Norco a day. The applicant's medications included Norco, Prilosec, Prozac, baclofen, and Soma. Baclofen was endorsed. The applicant was asked to discontinue tizanidine. In a progress note date January 12, 2015, Neurontin was apparently introduced for the first time owing to ongoing complaints of low back pain, seemingly in an effort to diminish the applicant's consumption of Norco. The applicant's BMI was 41.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AED) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Gabapentin (Neurontin) Page(s): 3; 49.

**Decision rationale:** Yes, the request for gabapentin (Neurontin) was medically necessary, medically appropriate, and indicated here. The request for gabapentin seemingly represented a first-time request for the same. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that many chronic pain conditions, including chronic low back pain, often have a neuropathic pain component and/or neuropathic pain state. Introduction of gabapentin (Neurontin), thus, was indicated on or around the date in question. Therefore, the first-time request for gabapentin was medically necessary.