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| <b>Case Number:</b>   | CM15-0031725 |                              |            |
| <b>Date Assigned:</b> | 02/25/2015   | <b>Date of Injury:</b>       | 12/01/1994 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male, who sustained an industrial injury on December 1, 1994. The mechanism of injury is unknown. The diagnoses have included chronic pain, causalgia of lower limb, thoracic or lumbosacral neuritis or radiculitis and postlaminectomy syndrome of lumbar region. Treatment to date has included surgery, physical therapy, injections, spinal cord stimulator and medication. On December 11, 2014, the injured worker complained of left foot pain. The pain was rated a 3 on a 0-10 pain scale. Medication was used to reduce the pain. He reported to be doing well with his spinal cord stimulator but recently had a flare-up. The pain is tolerable. On January 22, 2015, Utilization Review non-certified Gabapentin 600mg #450, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of Gabapentin 600mg #450.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**450 tablets of Gabapentin 600mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication or any indication how the medicine is being used. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.