

<b>Case Number:</b>	CM15-0032454		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 59-year-old male, who sustained an industrial injury on 06/27/2013. He has reported subsequent left lower extremity and right shoulder pain and was diagnosed with status post compound open fracture of the left tibia status post intermedullary rodding and history of shoulder pain. Treatment to date has included oral pain medication and injectable pain medication. In a progress note dated 01/08/2015, the injured worker was reporting less cramping in the lower extremities but a slightly increase of sensitivity of the left ankle and foot as well as continued sensitivity in the lower ankle and extending up the tibial shaft on the medial aspect. Objective examination findings were notable for only trace strength of EHL on the left and some numbness of the call in the non-dermatomal pattern with an altered an antalgic gait. The physician noted that neuropathic medication would be added. A request for authorization of Gabapentin was made. On 01/27/2015, Utilization Review non-certified a request for Gabapentin, noting that there was a lack of clinical documentation of the presence of neuropathic pain. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** I respectfully disagree with UR physician's assertion that there was no diagnosis of neuropathic pain. The California MTUS considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, the injured employee does complain of radicular symptoms and there are two radicular findings on physical examination to include decreased strength and altered sensation. As such, the requested medication is medically necessary.