

<b>Case Number:</b>	CM15-0035228		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	05/12/1993
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Arizona, California  
 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 66 year old male, who sustained an industrial injury on 5/12/93. On 2/25/15, the injured worker submitted an application for IMR for review of Gabapentin 300 mg capsule, #60, refills x 5. The treating provider has reported the injured worker complained of right sided low back pain with spasms; but needs battery replaced in spinal cord stimulator and reprogramming. The diagnoses have included chronic pain syndrome, lumbar postlaminectomy syndrome. Treatment to date has included status post bilateral laminectomy and decompression L4-5, L5-S1 (1993); status post L5-S1 discectomy (2011); status post spinal cord stimulator (2010); medications. On 2/5/15 Utilization Review non-certified Gabapentin 300 mg capsule, #60, refills x 5. The MTUS, ACOEM Guidelines, (or ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg capsule, #60, refills x 5:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant was on Gabapentin for several months in combination with opioids and tri-cyclic anti-depressants. The Gabapentin was noted to cause sedation and functional benefit could not be specifically defined while on numerous medications for pain. Continued use of Gabapentin with 5 refills is not substantiated and is not medically necessary.