

<b>Case Number:</b>	CM15-0052698		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 61 year old female, who sustained an industrial injury on 12/10/2009. She reported an injury to her right leg and right foot and was diagnosed with a right calf strain. The injured worker is currently diagnosed as having lumbar radiculopathy, lumbar sprain/strain, right knee chondromalacia, right ankle/foot joint pain, and right ankle/foot difficulty walking. Treatment to date has included electromyography, nerve conduction studies, physical therapy, right calf MRI, and medications. Electrodiagnostic studies on 8/14/13 revealed evidence of right S1 radiculopathy. In a progress note dated 02/24/2015, the injured worker presented with complaints of low back, right knee, left knee, and right foot pain. The treating physician reported requesting authorization for Gabapentin to use as needed for nerve pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Capsules, 300mg #45 with no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** According to the MTUS guidelines, Gabapentin 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. In this case, the injured worker has evidence of right S1 radiculopathy per electrodiagnostic studies. Gabapentin is indicated as a first line treatment for chronic neuropathic pain. The request for Gabapentin is supported to address the injured worker's neuropathic pain. The request for Gabapentin Capsules, 300mg #45 with no refills is medically necessary.