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| <b>Case Number:</b>   | CM15-0080331 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 05/19/2014 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Emergency 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 injured worker is a 37 year old male, who sustained an industrial injury on 5/19/2014. He reported injury to the lumbar spine while working for a landscaping company, lifting a trash bag. The injured worker was diagnosed as having lumbago and adjustment disorder with depressed mood. Treatment to date has included diagnostics, physical therapy, exercises, chiropractic, and medications. Currently (2/6/15), the injured worker complains of constant pain in his lumbar area and left leg. Pain was rated 4-8/10. He described left leg pain as pins and needles and numbing. He also reported depressive symptoms. He reported that pain medications helped reduce pain, but he experienced side effects such as dizziness, "drunken" sensation, and stomach irritation. Medication use included Acetaminophen, Metamucil, Tramadol, Gabapentin, and Voltaren gel. He was currently not working. The rationale for the requested Gabapentin was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg 30 day supply Qty: 120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. There is some documentation of improvement but has some noted side effects of dizziness. However, the number of refills are excessive and does not meet MTUS guidelines regarding appropriate monitoring. Prescription of gabapentin with 3 refills is not medically necessary.

**Gabapentin 600mg 30 day supply Qty: 30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. There is some documentation of improvement but has some noted side effects of dizziness. However, the number of refills are excessive and does not meet MTUS guidelines regarding appropriate monitoring. Prescription of gabapentin with 2 refills is not medically necessary.