

<b>Case Number:</b>	CM15-0089511		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 44 year old male, who sustained an industrial injury on 9/8/2012. He reported multiple head traumas due to assault. Diagnoses have included status post assault with multiple head traumas, postconcussion syndrome and post-traumatic stress disorder; anxiety and depression and history of head, back, midback and left knee pain. Treatment to date has included medication and psychiatric treatment. According to the progress report dated 3/16/2015, the injured worker complained of pain in his head, back and midback. The injured worker was noted to be homeless due to significant mental health issues. Tramadol had not been successful in controlling the pain. Pain level was rated 7/10. The injured worker was anxious and depressed. He had normal strength, sensation and reflexes in the upper and lower extremities. The injured worker was temporarily totally disabled. Authorization was requested for Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug (AEDs).

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

**Decision rationale:** This injured worker receives treatment for chronic medical problems that arose due to an assault that occurred on the job on 09/08/2012. The diagnoses include head trauma, post-concussion syndrome, post-traumatic stress syndrome, and chronic pain involving the head, neck, midback and L knee. This review addresses a request for gabapentin, an anti-epileptic drug (AED). The patient is also treated with trazodone, an opioid. The patient was found to be both anxious and depressed in the documentation. There were no deficits on the neurologic exam. Gabapentin is indicated to treat cases diabetic neuropathy and painful post-herpetic neuropathy. For chronic axial low back pain gabapentin is not medically indicated, as there is little evidence in the literature that shows efficacy. Gabapentin is not medically necessary.