

<b>Case Number:</b>	CM14-0119977		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old female with a 2/25/09 date of injury, when she lost consciousness and fell down backwards and struck her head. The progress note dated 7/30/12 indicated that the patient was taking Gabapentin 600mg 3 times a day. The patient was seen on 6/19/14 with complaints of chronic neck and low back pain and felling "thigh" in the arms and legs. The patient stated that the pain from the lower back radiated down into her buttocks and lower extremities. The patient stated that she was taking Gabapentin twice daily and that the medication made her sleepy. Exam findings revealed the patient alert and oriented x3 in no acute distress. The diagnosis is lumbar disc displacement, cervical and lumbar sprain/strain. MRI of the lumbar spine dated 6/29/12 revealed: focal posterior disc protrusion/herniation at L2-L3 level causing displacement of the nerve roots; L5-S1 degenerative disc disease with circumferential disc bulge and mild bilateral foramina narrowing. Treatment to date: cervical and lumbar steroid injections, physical therapy, home exercise program, work restrictions and mediations. An adverse determination was received on 7/12/14. The request for Gabapentin 300mg #60 was modified to 1 prescription of Gabapentin 300mg #14 given that the patient was previously treated with Gabapentin for neuropathic pain and there were no recent objective clinical findings indicating improvements in pain or function. The weaning of Gabapentin was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs pages 16-18, Gabapentin page 49 Page(s): 16-18; 49. Decision based on Non-MTUS Citation FDA (Neurontin)

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The progress note dated 7/30/12 indicated that was taking Gabapentin 600mg 3 times a day and the progress note dated 6/19/14 indicated that he patient was taking Gabapentin twice daily and the medicating made her sleepy. However, there is a lack of documentation indicating subjective and objective functional gains from the treatment with Gabapentin and the duration of the treatment is not clear. There is no rationale with regards to the expected goals with the treatment with Gabapentin. In addition, the UR decision modified the request for Gabapentin 300mg #60 to 1 prescription of Gabapentin 300mg #14 given that the patient was previously treated with Gabapentin for neuropathic pain and there were no recent objective clinical findings indicating improvements in pain or function and weaning of Gabapentin was recommended. Therefore, the request for Gabapentin 300 mg # 60 was not medically necessary.