

<b>Case Number:</b>	CM14-0132515		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male with a date of injury of 5/9/13. The mechanism of injury occurred when a pallet weighing 2,000 pounds hit his right ankle and knocked him down. He hit the floor and the pallet was all over his knees. He injured is right knee, ankle and right arm and shoulder. On a Utilization Review dated 9/2/14, it was noted that the patient continues to report that medications including the Gabapentin help with pain and function. He stated that his pain is 9/10 but drops to 7/10 with medications including Gabapentin. On 6/26/14, the current medication list noted Gabapentin 600mg #60 to take 2 tablets every 12 hours #60. On 6/26/14 he complained of right ankle pain, swelling in the right ankle as well as pain along the bottom of the foot. He also complained of pain in the left knee, probably the pain is compensatory due to his right lower extremity issues. He complained of a balance problem, poor concentration, memory loss and numbness. On exam the left knee reveals tenderness to palpation along the inferomedial aspect of the left patella and in the medial joint space and restricted range of motion. The lumbar spine was tender and shows hypertonicity of the paravertebral muscles of both sides. The diagnostic impression is pain in joint of lower leg, ankle, foot and shoulder. Treatment to date: surgery, physical therapy, aquatic therapy, TENS unit, acupuncture therapy, medication management. A UR decision dated 8/7/14 denied requests for Gabapentin 600mg #60 and Gabapentin 600mg #120. Guidelines recommend the use of anti-epileptic medications such as Gabapentin for the first-line treatment of neuropathic pain. The Gabapentin was denied because the available reports do not document the presence of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

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

**Decision rationale:** The California 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. However, the patient apparently is experiencing numbness as stated on a report dated 6/26/14, but the Gabapentin dose at that time was Gabapentin 600mg to take 2 tablets every 12 hours #60. This quantity is insufficient for a 1 month supply. Therefore, the request for Gabapentin 600mg #60 was not medically necessary.

**Gabapentin 600mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Gabapentin Page(s): 16-18, 49.

**Decision rationale:** The California 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 patient apparently has been experiencing numbness as stated in the report on 6/26/14. The notes also state that his current prescription is Gabapentin 600mg to take 2 tablets every 12 hours. On a Utilization Review Treatment Appeal dated 9/2/14, it is noted that the patient continues to report that medications including Gabapentin do help with pain and function. He stated that his pain level is 9/10, however with medications including Gabapentin, his pain level drops to 7/10. With the current dose of Gabapentin 600mg to take 2 tablets every 12 hours, a 1 month quantity is #120. Therefore, the request for Gabapentin 600mg #120 was medically necessary.