

<b>Case Number:</b>	CM14-0138148		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 43-year-old with a reported date of injury of 07/09/2012. The patient has the diagnoses of lumbosacral radiculitis. Past treatment modalities have included physical therapy and epidural steroid injections. Per the most recent progress notes provided by the primary treating physician dated 08/20/2014, the patient had complaints of low back pain with increase in the radicular symptoms. The physical exam noted diminished light touch sensation in a S1 distribution on the right side, tenderness to palpation in the lumbar paraspinal muscles and facet joints with spasm. Treatment recommendations included spinal surgery consideration, continued psychological therapy and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentn 300mg #90 times five refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16 and18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs (AED) Page(s): 14-18.

**Decision rationale:** The California chronic pain medical treatment guidelines section on AEDs states:Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe,

2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. The requested medication is an AED which is a first line treatment option choice for neuropathic pain. The patient has lumbar radiculopathy and the most recent notes state the radicular pain is what is bothering the patient the most. There is no documentation of significant side-effects from the medication. For these reasons the request has met California MTUS guideline recommendations and is certified.