

<b>Case Number:</b>	CM14-0141940		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/23/1998
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker was a 61-year old male who has a chief complaint of left lower back pain and left hip pain. The injured was diagnosed with chronic low back pain, bilateral hip pain, left being worse than the right, intermittent thigh pain and bilateral groin pain, chronic lumbar radiculitis, degenerative disk and a history of two spine surgeries. In the progress note of May 24, 2013, the injured worker was in slight discomfort sitting during the office visit. The injured worker rode his motor cycle to the office visit. The progress note of August 23, 2013 the injured worker deferred hip surgery and refused epidural injection for the lumbar back. The injured worker continued to wear back brace. According to the progress note of January 22, 2014, the injured worker was working as a free-lance auto mechanic which causes some exacerbation of his back pain. On February 11, 2014 the injured worker was seen in the emergency department for lower back pain radiating down the left leg. According to the documentation submitted for review the injured workers medications for chronic pain have not changed in dosage or type or amount. The injured worker continued to take OxyContin, gabapentin, Percocet, Celebrex and Lidoderm patches for chronic pain. On July 29 2014, the injured worker went under fluoroscopy for a therapeutic-diagnostic lumbar facet joint injections, with relief. According to the progress note of August 21, 2014, the injured worker pain level dropped to 5 out of 10, the prior to that, the pain level was 6-8 out of 10. On August 28, 2014 the UR denied Gabapentin; due to not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 600mg #120 with 3 refills is not medically necessary.