

<b>Case Number:</b>	CM14-0159730		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/07/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Ohio. 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 is a 65 year old male with a date of injury of 3/7/2010 with a subsequent car accident further aggravating his complaints. He complains of severe back pain radiating into the lower extremities with numbness and weakness of the lower extremities. The exam reveals diminished lumbar range of motion, abnormal sensation and loss of sensation to the lower extremities, atrophy of the quadriceps muscles, absent lower extremity deep tendon reflexes, tenderness lumbar facet joints and sacroiliac joints. A lumbar MRI scan from 2010 revealed multi-level disc bulges, ligamentum flavum hypertrophy leading to central canal stenosis at one level and moderate to severe neural foraminal canal stenosis at multiple levels. The diagnoses include cervical and thoracic disc disease, sacroiliac and facet joint arthropathy, suprascapular neuropathy, and myofascial pain syndrome. At issue is a request for Gabapentin 2400 mg per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Capsules 800mg QTY:180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabapentin

**Decision rationale:** Gabapentin appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. The Official Disability Guidelines allow for gabapentin use on a trial basis for lumbar spinal stenosis. While the maximum doses listed for post-herpetic neuralgia is 1800 mg per day, the maximum doses recommended for diabetic neuropathy is up to 3600 mg a day. The guidelines do not list maximum doses of gabapentin with respect to lumbar spinal stenosis and it is therefore assumed that the 3600 mg per day maximum is safe regardless of the diagnosis used. Therefore, because the injured worker has MRI evidence of lumbar spinal stenosis and the notes reflect prescribed gabapentin doses of 3200 mg per day, Gabapentin Capsules 800mg QTY:180 is medically necessary.