

<b>Case Number:</b>	CM14-0099363		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Occupational Medicine and is licensed to practice in New York and 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:

This worker claims injury 3/20/2000 and is requesting appeal of the 6/13/14 denial of gabapentin. She has intervertebral lumbar disc disease, facet arthropathy, and has chronic pain. She also has cervical pain and resultant headaches, and right upper extremity complex regional pain syndrome. She has a spinal cord stimulator. She has a positive straight leg raise and decreased sensation in the legs. In June it was noted that she is being treated with Neurontin for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN #90 DISPENSED 5/15/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 17-19.

**Decision rationale:** The records reviewe for this patient include records from her pain specialist in February, March, June and July of 2014. Although there is mention of the Neurontin being used for neuropathic pain, there is no specific prescribing information noted in the plan or any other part of these reports. The MTUS recommends antiepilepsy drugs for treatment of

neuropathic pain, such as with CRPS. Gabapentin specifically is a first-line AED for treatment of neuropathic pain. Dosing may be based on diabetic neuropathy dosing, ranging from 900 mg to 3600 mg per day in three divided doses. However, there is no indication of what strength medication is being dispensed, nor how it is dosed. It is not approved based on this lack of information.