

<b>Case Number:</b>	CM14-0211102		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 30 year old male with an injury date of 10/25/13. As per 11/04/14 progress report, the patient complains of pain in the lower back. The patient's gait is antalgic, the straight leg raise is positive, and the range of motion is reduced by 50%. In progress report dated 10/14/14, the patient rates his pain as 5/10. He is diagnosed with lumbar radiculopathy and SI joint dysfunction as well. As per progress report dated 09/08/14, the patient has low back pain that radiates to right lower extremity with numbness and tingling. The patient has some sleep issues secondary to stress. Physical examination reveals decreased lumbar flexion at 50 degrees, extension at 15 degrees, and lateral bending at 10 degrees along tenderness to palpation in the right lumbar paraspinal musculature. Medications, as per progress report dated 11/04/14, include Naprosyn, Omeprazole, Duloxetine, and Gabapentin. TENS unit has helped to some extent, as per progress report dated 09/08/14. The patient has been allowed to work with restrictions, as per progress report dated 10/14/14. MRI of the Lumbar Spine, 03/07/14, as per AME report dated 08/06/14: - L5-S1 disc desiccation and broad-based disc bulge measuring 5 mm right to midline with displacement and mild compression of the S1 nerve- Facet neuropathy; Mild left L4-5, L5-S1 neural foraminal stenosis EMG/NCV, 04/04/14, as per AME report dated 08/06/14: Left lumbar radiculopathy at L4, L5 and S1 Diagnosis, 11/04/14: Low back pain. The treater is requesting for GABAPENTIN 100 mg # 90. The utilization review determination being challenged is dated 12/11/14. Treatment reports were provided from 06/06/14 - 11/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg, QTY#90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

**Decision rationale:** The patient presents with pain in the lower back along with an antalgic gait, positive straight leg raise, and range of motion that is reduced by 50%, as per progress report dated 11/04/14. The request is for GABAPENTIN 100 mg # 90. The pain is rated at 5/10, as per progress report dated 10/14/14. MTUS has the following regarding Gabapentin on pg 18, 19: "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." In this case, some progress reports are handwritten and not very legible. The patient has low back pain that radiates to right lower extremity with numbness and tingling, as per progress report dated 09/08/14. The patient has been diagnosed with lumbosacral neuritis, lumbar radiculopathy and SI joint dysfunction, as per progress report dated 10/06/14. The current request appears to be the first prescription for gabapentin. Given the patient's chronic pain and neuropathic symptoms, a trial of this medication appears reasonable. The request IS medically necessary.