

<b>Case Number:</b>	CM15-0003659		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/16/2007
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female who reported an injury on 02/16/2007 due to kneeling on a small piece of plastic. Documented treatments have included physical therapy, medications, and injections. It was noted that she continued to have neck, arm, low back, hip, and knee pain, but stated the pain was mostly in her low back and hips. Her medications have included gabapentin 600 mg. A "previous physical examination" shows that the injured worker had a lumbar extension measured to be 10 degrees with pain and flexion at 60 degrees. There was spasm and guarding noted in the lumbar spine. Muscle strength was a 4/5 in the right and left upper extremities. There was pain noted to palpation along the medial aspects of the bilateral elbows and limited extension of the thumb against resistance on the left. Both hips were tender with palpation to the trochanteric regions, and were noted to have capsular tightness. The subtrochanteric bursa on both hips was tender on palpation. It was noted that she had been using gabapentin for the presence of radicular/neuropathic pain. It was stated that she was tolerating this medication well with an overall decrease in her pain. The treatment plan was for gabapentin 600 mg #60. The rationale for treatment was to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 16-22.

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

**Decision rationale:** According to the California MTUS Guidelines, gabapentin is recommended for the treatment of diabetic painful neuropathy, postherpetic neuralgia, and has been considered first line treatment for neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body areas; however, there is a lack of documentation showing a quantitative decrease in pain as well as objective evidence of an improvement in function with the use of this medication. Also, a recent physical examination was not performed to show that she has improved with the use of this medication functionally. Also, the frequency of the medication was not provided within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.