

<b>Case Number:</b>	CM15-0004094		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/26/2014
<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  
 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 54 year old male who sustained an industrial lifting injury to his lower back as a rancher on October 6, 2012. The injured worker was diagnosed with lumbar disc herniation, central canal stenosis L3-4 and L2-3, and facet joint arthrosis according to the magnetic resonance imaging (MRI) and myelogram in June 2013. No surgical interventions were documented to date. According to the primary treating physician's progress report on December 10, 2014 the patient continues to experience low back pain with numbness to the bilateral lower extremities and is contemplating surgery. Recent medications consist of Ibuprofen, Tramadol, LidoPro and Cyclobenzaprine. Treatment modalities consisted of physical therapy/occupational therapy, cortisone injections, transcutaneous electrical nerve stimulation (TEN's), acupuncture therapy and home exercise program. The treating physician requested authorization for 1 Prescription of Gabapentin 300mg #30. On December 26, 2014, the Utilization Review denied certification for Gabapentin 300mg #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Gabapentin 300mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The 54 year old patient presents with lower back pain, rated at 5/10, as per progress report dated 12/10/14. The request is for (1) Prescription Of Gabapentin 300 mg # 30. The RFA for the case is dated 12/10/14, and the patient's date of injury is 10/06/12. Diagnoses, as per progress report dated 12/10/14, included lumbalgia, spinal stenosis of the lumbar region, lumbosacral or thoracic neuritis, and lumbar facet arthropathy. Medications included Norco, Gabapentin and Lisinopril. MRI of the lumbar spine, dated 12/21/12, revealed severe central canal narrowing at L2-3 and L3-4 due to disc extrusion, posterior disc protrusion and superimposed generalized disc bulge at L3-4, and facet arthrosis. The patient is off work, as per progress report dated 12/10/14. 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, a prescription for Gabapentin is first documented in progress report dated 12/10/14. None of the prior reports document its use. In the report, the treater states that the patient suffers from low back pain along with reduced range of motion and tenderness. Gabapentin has been provided to "help with radiculopathy symptoms." The patient has been diagnosed with lumbosacral neuritis, as per progress report dated 12/10/14. MTUS guidelines support the use of Gabapentin in patient's with neuropathic pain. Hence, the request IS medically necessary.