

<b>Case Number:</b>	CM15-0007868		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 32-year-old male who reported an injury on 03/23/2013. The injured worker reportedly suffered a low back strain while washing trucks. The current diagnoses include degeneration of lumbar intervertebral disc, lumbosacral radiculitis, sciatica, lumbago, lumbosacral spondylosis, lumbar sprain, and gastroesophageal reflux disease. The injured worker presented on 12/31/2014 with complaints of 8/10 low back pain. The injured worker has been previously treated with physical therapy with only temporary relief of symptoms. The current medication regimen includes gabapentin 300 mg, Butrans 5 mcg, Lyrica 50 mg, Norco 5/325 mg, oxycodone 5 mg, Protonix 20 mg, morphine sulfate 15 mg, and Dulcolax. Upon examination, there was limited flexion to 45 degrees with moderate low back pain, extension to 10 degrees, positive facet loading pain, tenderness to palpation of the lumbar facets, positive straight leg raising at 30 degrees bilaterally, spasm, twitching, trigger point tenderness, 5-/5 motor weakness in the bilateral lower extremities, and a mildly antalgic gait with intact. Recommendations included continuation of the current medication regimen and a referral to physical therapy 1 to 2 times per week for 8 weeks. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 MG PO TID # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has also been considered as a first line treatment for neuropathic pain. The injured worker has continuously utilized the above medication since at least 07/2014. There was no documentation of objective functional improvement. The injured worker continues to report high levels of pain. Given the above, the request is not medically appropriate at this time.