

<b>Case Number:</b>	CM15-0103023		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 57-year-old female patient who sustained an industrial injury on 10-23-01. She sustained the injury due to slip and fall incidence. The diagnoses include reflex sympathetic dystrophy of the lower extremity. Per the appeal letter dated 5/5/2015, she had complaints of neck, back and lower extremity pain. She had low back pain at 7/10 with radiation to the left foot and leg. The physical examination revealed tactile allodynia throughout the left foot from toes up to the ankle, tenderness along the cervical and lumbar region and decreased lumbar range of motion. The medications list includes nabumetone, Gabapentin and pantoprazole. Per the visit note dated 11-5-14, the physician noted that the patient had been compliant with her medications. Per the note dated 11/5/14, the medications list includes Doxepin cream, Gabapentin, Ketamine cream, Relafen, Orphenadrine, Protonix, Pristiq ER, Colace, Buprenorphine Sublingual, Medrol, Atorvastin, Lasix, Gralise ER, Indomethacin, Lidoderm patch, Magnesium, Omeprazole, Tizanidine and Wellbutrin. Other therapy done for this injury was not specified in the records provided. The physician was requesting authorization for prescriptions of Gabapentin and Protonix. On 5-7-15, Utilization Review noncertified a request for Gabapentin 60 mg #180 (retrospective DOS 4-1-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg Qty 180 (retrospective DOS 4/1/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** Gabapentin 600mg Qty 180 (retrospective DOS 4/1/15) Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007)....." According to the records provided patient had low back pain at 7/10 with radiation to the left foot and leg. She has objective findings on the physical examination- tactile allodynia throughout the left foot from toes up to the ankle, tenderness along the cervical and lumbar region and decreased lumbar range of motion. She has diagnosis of reflex sympathetic dystrophy of the lower extremity. There is a history of possible nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 600mg Qty 180 (retrospective DOS 4/1/15) was medically necessary for this patient.