

<b>Case Number:</b>	CM15-0014317		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (IW) is a 45 year old female, who sustained an industrial injury on September 19, 2007. She has reported back pain radiating down the left lower extremity and was diagnosed with left disc bulge at the lumbar 5-sacral 1 level, lumbar spine radiculopathy, sprain/strain of the cervical and thoracic spine and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, conservative treatment modalities, pain medications and work restrictions. Currently, the IW complains of intermittent pain radiating proximally to the shoulders, arms, hands and fingers associated with tingling, cramping, burning, throbbing and sharp pain. The injured worker sustained an industrial injury in 2007 resulting in chronic pain as previously described. She reported gastrointestinal upset with the use of non-steroidal anti-inflammatories. Evaluation on August 8, 2014, revealed continued pain. The recommendation was to continue follow up appointments and medication as needed. On December 11, 2014, the pain continued, medications were renewed and it was noted she needed to follow up with laboratory studies to make sure the prescribed drugs are being properly metabolized. On January 14, 2015, Utilization Review non-certified a Gabapentin 300 mg, 100 count with two refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of Gabapentin 300 mg, 100 count with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg, 100 count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 17, 22 and 67 - 69.

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

**Decision rationale:** According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However there is a limited research to support its use of musculoskeletal pain. The patient has been on Gabapentin since at least June 2014, with no documentation of the efficacy of previous use of Neurontin. Based on the above, the prescription of Gabapentin 300mg #100, with 2 refills is not medically necessary.