

<b>Case Number:</b>	CM15-0114471		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/07/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injury on 09/07/2005. Mechanism of injury was from a fall from a 15 foot ladder, landing on his feet and then to the ground. He has a traumatic severe back injury with a L2 burst fracture and fracture of the right radial head. Diagnoses include burst L2, cauda equina syndrome, and neurogenic bowel and bladder. Treatment to date has included diagnostic studies, and medications. His medications include Neurontin, Cymbalta, Percocet, tramadol, Tizanidine and Butrans patch. A physician progress note dated 05/28/2015 documents the injured worker is complaining of low back pain and shooting electric waves into his lower extremities. He rates his pain as a 14 out of 10, on the pain scale. He has no control of his bowels and bladder. He is not sleeping, and he is anxious and depressed. He does not want any further medications for his anxiety. He is very frustrated and not happy about any control of his bladder and bowels. He has a urinary catheter. There is 4+ tenderness present in the lumbar spine and he is not able to stand erect. Leg raising could not be done. There is an extreme amount of hypoesthesia in both of his legs. The treatment plan is for Cymbalta and Butrans patch, and he is to continue with counseling. Treatment requested is for Gabapentin 300mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2005 and continues to be treated for radiating low back pain. He sustained a cauda equina injury and has a neurogenic bowel and bladder. Medications being prescribed include gabapentin at a total daily dose of 2400 mg per day. When seen, there was lumbar spine tenderness and lower extremity hypoesthesia. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommended. The claimant has neuropathic pain after a spinal injury. The request is medically necessary.