Case Number:	CM15-0174283		
Date Assigned:	09/16/2015	Date of Injury:	10/19/2003
Decision Date:	10/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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 44 year old female, who sustained an industrial injury on 10-19-2003. She has reported subsequent left hip, bilateral lower extremity, left shoulder and upper extremity, bilateral wrist, bilateral knee and low back pain and was diagnosed with bilateral facet arthropathy of L4-L5 and L5-S1 facet joints, lumbar spondylosis, status post open reduction internal fixation of the left ankle with persistent arthralgia, left sacroiliac joint dysfunction, and lumbar myofascial pain and mechanical low back pain. MRI of the lumbar spine on 04-01-2015 was noted to show mild degenerative disc disease and retrolisthesis of L5-S1 with small protrusions. Treatment to date has included oral and topical pain medication including opioids, muscle relaxants, anti-inflammatories, anti-epileptic drugs and anti-depressants, Orthovisc injections and physical therapy, which were noted provide some pain relief. On 05-06-2014, the injured worker was started on a trial of oral Gabapentin which was then continued on a chronic basis. In progress notes dated 05-18-2015 and 06-29-2015 back and leg pain were reported as 6-9 out of 10 and arm pain was documented as 2-4 out of 10. Pain was documented to be either unchanged or to have worsened. In a progress note dated 07-28-2015 the injured worker reported continued and unchanged low back pain that was rated as 7-8 out of 10 with numbness across the low back and burning pain with numbness in the left thigh extending down to the left heel as well as heel and knee pain to the right lower extremity. The physician noted that the injured worker reported that Pamelor and Gabapentin medications were helping her to relax and sleep better at night. Objective examination findings showed right sacroiliac joint tenderness to palpation, tenderness to palpation over the bilateral lumbar facet joints at L4-S1, positive facet

joint loading lumbar spine bilaterally, positive Faber's sign bilaterally, decreased range of motion in the lumbar spine with extension being most painful and decreased sensation to light touch in a left L5 dermatomal distribution. The injured worker was noted to be off work. A request for authorization of Gabapentin 600 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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): Antiepilepsy drugs (AEDs).

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #90 is not medically necessary and appropriate.