

<b>Case Number:</b>	CM15-0175948		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: North Carolina

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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 07-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for patella tendonitis, cervical strain, facet arthropathy versus sacroiliac joint arthropathy, and lumbar radiculopathy. Medical records (01-23-2015 to 06-27-2015) indicate ongoing neck, low back and knee pain. Several of the documents within the submitted medical records are hand written and difficult to decipher. Records indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 05-27-2015 and 06-27-2015, revealed no significant changes in pain levels as the injured worker noted that her pain was the same. Per the PR dated 05-27-2015, there was reported low back pain with numbness and tingling in the right lower extremity; however, there was no indication of numbness and tingling on the PR dated 06-27-2015. The remaining exam findings were not significantly changed. A neuro consultation, dated 05-28-2015, revealed decreased sensation in the right lower extremity and decreased motor strength in the right lower extremity due to pain. Relevant treatments have included at least 10 sessions of physical therapy (PT), work restrictions, and pain medications (Gabapentin since at least 05-01-2015). EMG/NCV (electromyography/nerve conduction velocity) reports (05-28-2015) were available for review and showed right peroneal sensory neuropathy, and right lateral plantar sensory neuropathy. The request for authorization (08-04-2015) shows that the following medication was requested: Gabapentin 300mg #60 with 3 refills. The original utilization review (08-11-2015) partially approved a request for Gabapentin 300mg #30 with no refills (original request for #60 with 3 refills) to allow for reassessment and weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60 with 3 refills:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that Gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore, the request is medically necessary.