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| <b>Case Number:</b>   | CM15-0176746 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 02/01/2007 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 08/24/2015 |
| <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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 59 year old female, who sustained an industrial injury on 02-01-2007 with other cumulative trauma dates that include 07-14-199, 12-2003, 02-01-2007 through 06-17-2007, and 04-01-2010 through 04-01-2011. A review of the medical records (psychological agreed medical evaluation (AME) only) indicates that the injured worker (IW) is undergoing treatment for depression, bilateral carpal tunnel syndrome, bilateral shoulder injuries, neck and elbow injury, and ankle injury. Medical records (04-16-2015) indicate complaints of pain in both hands, elbows and shoulders, occasional neck pain, and depressed at times. This report also indicates that the IW limitations with activities of daily living. Per the AME progress report (PR), the IW has not returned to work. The AME mental exam (04-16-2015), revealed diagnoses of dysthymic disorder (with aspects of anxiety) and questionable maladaptive traits. Relevant treatments have included multiple surgeries (bilateral shoulders and wrist), acupuncture, physical therapy (PT), injections, work restrictions, and medications (with no mention of gabapentin). The request for authorization (08-10-2015) shows that the following medication was requested: gabapentin 600mg #90. The original utilization review (08-24-2015) partially approved a request for gabapentin 600mg for a specified quantity (original request for #90) to allow for weaning based on the absence of progress reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg x 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin, Antiepilepsy drugs (AEDs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are depression, bilateral carpal tunnel syndrome, bilateral shoulder injuries, neck and elbow injury and ankle injury. Date of injury is February 1, 2007. Request for authorization is August 3, 2015. There are no progress notes or clinical documentation from the requesting provider. Documentation includes a psychiatric evaluation and an agreed medical examination (AME). There is no documentation from the requesting provider within indication or clinical rationale for Gabapentin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation from the requesting provider and no clinical indication or rationale for Gabapentin, Gabapentin 600mg #90 is not medically necessary.