

<b>Case Number:</b>	CM15-0071031		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	01/17/2010
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 34 year old female, who sustained an industrial injury on 01/17/2010. She reported developing low back pain radiating down her left lower extremity. The injured worker is currently diagnosed as having lumbar radiculopathy status post L5-S1 microdiscectomy. Treatment and diagnostics to date has included lumbar spine surgery, electromyography/nerve conduction studies, cognitive behavioral therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 03/18/2015, the injured worker presented with complaints of low back pain that radiates down her left lower extremity to lateral thigh and calf. The treating physician reported requesting authorization for Gabapentin and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 500 mg Qty 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for radiating low back pain after a microdiscectomy. 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 recommended guidelines and therefore medically necessary.

**Cymbalta 30 mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for radiating low back pain after a microdiscectomy. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.