MAXIMUS Federal Services

| Case Number: | CM15-0078226 | | |
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| Date Assigned: | 04/29/2015 | Date of Injury: | 04/02/2003 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/18/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

## 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 52-year-old male, who sustained an industrial injury on 04/02/2003. The injured worker is currently diagnosed as having right L5 radiculopathy, lumbar facet pain, axial low back pain, myofascial pain syndrome, generalized deconditioning, chronic pain syndrome, anxiety, and depression. Treatment and diagnostics to date has included computerized tomography of the lumbar spine, injections, physical therapy, chiropractic treatment, electrodiagnostic study, and medications. In a progress note dated 01/21/2015, the injured worker presented with complaints of a significant amount of pain in the lower limbs and bilateral low back. The treating physician reported requesting authorization for Gabapentin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Gabapentin 300mg #270 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pain Outcomes and Endpoints Page(s): 18-19, 8-9.

**Decision rationale:** The patient presents on 01/21/15 with unrated lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 04/02/03. Patient is status post two unspecified lumbar spine surgeries in 2006 and 2009. The request is for 1 prescription of gabapentin 300mg #270 with 3 refills. The RFA was not provided. Physical examination dated 01/21/15 reveals a well-healed lumbar spine incision, positive lumbar facet loading maneuver bilaterally, and absent Achilles tendon reflexes bilaterally. The patient is currently prescribed Gabapentin, Ambien, Omeprazole, Ativan, and Lidoderm patches. Diagnostic imaging was not included. Patient is not currently working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Gabapentin, pain reduction or functional improvement attributed to this medication has not been established. This patient has been prescribed Gabapentin since at least 05/16/12, though there is no evidence in the subsequent reports that it is effective in controlling pain or improving function. Progress note dated 01/21/15 states: "The patient has had multiple injection therapies, multiple chiropractic treatments, opioid and non-opioid medication management, and none of these have actually decreased his pain or improved his functionality." The records provided show a consistent lack of analgesia or functional improvements despite multiple treatment modalities, including Gabapentin. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, none is provided. Therefore, the request is not medically necessary.