

<b>Case Number:</b>	CM15-0078488		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 34-year-old female sustained an industrial injury to the head and bilateral legs on 11/24/12. Previous treatment included magnetic resonance imaging, physical therapy, home exercise and medications. In a PR-2 dated 2/24/15, the injured worker complained of back pain and daily, almost all day long headaches associated with nausea, vomiting, photophobia and phonophobia. The injured worker reported that Topamax was not working for the headaches. The injured worker was participating in a functional restoration program. Current diagnoses included chronic post-traumatic headache, migraine with aura, post-concussion syndrome, left knee pain, infrapatellar bursitis, low back pain, depression, anxiety and posttraumatic stress disorder. The treatment plan included continuing functional restoration program, chiropractic therapy for neck pain and headaches, discontinuing Topamax and starting Neurontin for headaches and considering Voltaren gel to the top of the scalp and occipital area as well as occipital nerve blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Migraine pharmaceutical treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, “Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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.” There is no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of GABAPENTIN 300 MG #90 is not medically necessary.