

<b>Case Number:</b>	CM15-0091413		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/02/1999
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker sustained an industrial injury on September 2, 1999. He has reported low back pain with left leg radicular symptoms and has been diagnosed with chronic low back pain, lumbar fusion, lumbar radiculopathy, and moralgia paresthetica, left lower extremity. Treatment has included medications, physical therapy, chiropractic care, acupuncture, injections, aqua therapy, and a home exercise program. Examination showed there was moderate tenderness over the lumbar paraspinals with limited range of motion of the lumbar spine in all planes. Sensation to light touch was altered to the left upper leg. Lower extremity strength was limited secondary to pain. Straight leg raising was positive bilaterally. The treatment request included Gabapentin.

### 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 Anti Epilepsy Drugs.

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

**Decision rationale:** Gabapentin 300mg quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of functional improvement on the documentation submitted. Therefore the request for continued Gabapentin is not medically necessary.