

<b>Case Number:</b>	CM15-0091854		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/14/2015
<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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 36-year-old male, who sustained an industrial injury on 11/24/2009. He reported twisting and falling off a ladder. Diagnoses have included lumbar discogenic syndrome, cervicgia/neck pain and myofascial pain. Treatment to date has included lumbar surgery, chiropractic treatment, acupuncture, water therapy and topical creams. According to the progress report dated 3/27/2015, the injured worker complained of intermittent mild neck and low back discomfort. He was using LidoPro ointment to manage his pain. He reported weakness in his left leg. He reported that transcutaneous electrical nerve stimulation (TENS) was helpful to manage pain. Exam of the lumbar spine revealed tenderness to palpation and decreased range of motion. Authorization was requested for Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127 and page 19 of 127..

**Decision rationale:** This claimant was injured in 2009 in a twist injury falling off a ladder. There was still intermittent mild neck and low back discomfort, and weakness to the left leg. TENS is subjectively helpful. There is tenderness and decreased range of motion to the back. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the clear signs of neuropathic pain are, and what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Furthermore, 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. This claimant however has neither of those conditions. The request is appropriately not medically necessary under the MTUS evidence-based criteria.