

<b>Case Number:</b>	CM14-0141864		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/03/2004
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63 year-old male who was reportedly injured on September 3, 2004. The mechanism of injury is noted as a lifting and twisting type event. The most recent progress note dated August 14, 2014, indicates that there were ongoing complaints of mild dull ache in the lower back and left shoulder pain. The physical examination demonstrated a mild paraspinous tenderness bilaterally in the L5-S1 distribution, minimal muscle spasms, right extensor hallucis longus weakness, and left shoulder pain with palpation and abduction. Diagnostic imaging studies were not suggestive of any acute osseous abnormality. Previous treatment includes lumbar epidural steroid injections, rehabilitation, and medications. A request was made for Gabapentin and was not certified in the pre-authorization process on August 18, 2014. However a modified request was sent on September 10, 2014 for gabapentin 100 mg number seven as a weaning dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Gabapentin 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): ) Page 16-20, 49 of 127..

**Decision rationale:** MTUS treatment guidelines supports Gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review of the available medical records documents chronic back pain; however, the claimant has no objective findings of neuropathic or radicular on examination. Furthermore, there is no objectified data to suggest any increase in overall functionality or decrease in pain symptomology. As such, this request does not meet guideline criteria and is therefore not considered to be medically necessary.