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**Notice of Independent Medical Review Determination**

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	8/11/2009
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001657

- 1) MAXIMUS Federal Services, Inc. has determined the requested prescription of Gabapentin 100mg #90 **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested prescription of Gabapentin 100mg #90 **is medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

"The patient is a 64 year old male with a date of injury of 8/11/2009. Under consideration is a prospective request for 1 prescription of Gabapentin 100mg #90. With regards to the evaluation done by Dr. [REDACTED] on 6/19/13, the patient's subjective findings included neck and low back pain. Objective findings included stress, sleep disturbance, cognition was normal, being frustrated, gait was normal, achieving recumbency and rising from recumbency was difficult, and medication helps pain. Diagnoses included status post bilateral carpal tunnel release 2007/2008, cervical spine sprain, strain, lumbar spine sprain/strain, contributing factors stress, anxiety disorder, depressive disorder, sexual dysfunction, gastroesophageal reflux disease, and urinary incontinence. Treatment included gabapentin 100mg #90, topoprophan #30, and chiropractic treatment."

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/9/2013)
- Medical Records from [REDACTED] (dated 2/26/13)
- Medical Records from [REDACTED] (dated 2/26/13 through 7/2/13)
- Medical Treatment Utilization Schedule

**1) Regarding the request for prescription of Gabapentin 100mg #90:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 18, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009) pg. 18 and 19, which is part of MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 8/11/2009. The medical records provided and reviewed indicate diagnoses of status post bilateral carpal tunnel release, cervical sprain/strain, and lumbar sprain/strain. Treatments have included surgery, chiropractic care, and medication management. The request is for Gabapentin 100mg #90.

The MTUS Chronic Pain Guidelines recommend Gabapentin for neuropathic pain, and state that treatment for pain shall be provided as long as it exists. The clinical notes, in this case, indicate that the employee is suffering from numbness and tingling in the bilateral hands residual from the bilateral carpal tunnel release (CTR). Therefore, the request for Gabapentin 100mg #90 is medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.