

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	7/17/2002
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008884

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 600mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 request for **Gabapentin 600mg #60 is not 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.

Expert Reviewer Case Summary:

The patient reported a work-related injury on 07/17/2002; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses, low back pain. The clinical note dated 03/26/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documented the patient was seen for low back pain complaints. The provider documented the patient was to undergo surgery in 06/ 2013. The provider reported the patient presented with decreased sensation to the bilateral lower extremities with deep tendon reflexes at 1+. The provider documented the patient was status post a spinal cord stimulator implant as of 08/23/2011 with revision and repeat implant. The provider documented upon physical exam of the patient, lumbar spine range of motion was decreased in all ranges with flexion at 30 degrees, extension 5 degrees, lateral left flexion 10 degrees, and right flexion 15 degrees. The patient had a positive straight leg raise to the left lower extremity. The provider documented the patient sustained adverse side effects from medication increase to gabapentin use; patient complained of headaches, being lethargic, dry mouth, and nausea. The provider documented to discontinue gabapentin 600 mg and restart 300 mg of gabapentin 3 times a day.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Gabapentin 600mg #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 18, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines only recommend a three to eight weeks course of Gabapentin and without adequate pain control, guidelines recommend switching to another drug. Furthermore, as evidenced in the clinical notes reviewed, the most recent documentation submitted indicated that the employee was titrated back down from 600 mg dose of Gabapentin to 300 mg dose of Gabapentin due to adverse reaction. Given the lack of documentation evidencing the employee's reports of efficacy with this medication or the neuropathic pain complaint as noted by a decrease in rate of pain on a visual analog scale (VAS), and increase in objective functionality, the current request is not supported. **The request for Gabapentin 600mg #60 is not 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,

Paul Manchester, MD, MPH
Medical Director

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

/bh

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.