

Case Number:	CM13-0026504		
Date Assigned:	11/22/2013	Date of Injury:	09/21/2011
Decision Date:	04/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice 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 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 patient is 50-year-old female who reported an injury on 09/21/2011. The patient was reportedly injured when she was struck by a student. The patient is currently diagnosed with depression, anxiety, history of concussion, chronic headaches, chronic neck pain, and memory difficulty. The patient was seen by [REDACTED] on 09/16/2013. The patient reported persistent pain with depression and anxiety. Physical examination revealed 5/5 motor strength, normal tone, and normal gait. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USE OF GABAPENTIN DOS: 7-16-13: 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 Page(s): 16-18.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered first-line treatment for neuropathic pain. As per the documentation submitted, the

patient had previously utilized this medication. A utilization review on 3/30/12 partially certified the use of generic Neurontin. There was no satisfactory response to treatment indicated which is recommended in the Chronic Pain Medical Treatment Guidelines. Despite ongoing treatment, the patient continued to report persistent pain. It was also noted in March of 2013, the patient was suffering side effects as a result of the ongoing use of gabapentin. The retrospective request for Gabapentin DOS 7/16/13 is not medically necessary and appropriate.

PROSPECTIVE USE OF GABAPENTIN: 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 Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered first-line treatment for neuropathic pain. As per the documentation submitted, the patient had continuously utilized this medication. Despite ongoing treatment, the patient continues to report chronic neck pain, chronic headaches, depression, and anxiety. Satisfactory response to treatment has not been indicated. It was also noted in March of 2013, the patient was suffering side effects as a result of the ongoing use of Gabapentin. The request for prospective usage of Gabapentin is not medically necessary and appropriate.