

Case Number:	CM13-0049888		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2000
Decision Date:	06/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 a 52 year old female injured on 01/27/00 due to an undisclosed mechanism of injury. The patient was diagnosed with failed back surgery syndrome and ongoing cervical radiculopathy. The patient underwent spinal cord stimulator placement in 2004; however, it was removed due to MRSA wound infection. Clinical documentation indicated the patient had significant psychiatric conditions requiring ongoing treatment with psychiatrist, [REDACTED]. The patient was hospitalized on multiple occasions for alcohol/medication habituation and suicide attempts. Clinical documentation indicated the patient had ongoing complaints of back pain which contributed to the severe depression and psychiatric complaints. Previous utilization review on 10/16/13 indicated partial certification for clonazepam for weaning purposes and topamax as the neurologist was to assume care of prescribing of medication. There was no subsequent documentation to indicate that the neurologist had assumed that role. Gabapentin 800MG, one tab QID, #120 has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF GABAPENTIN 800MG, ONE TAB QID, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin), Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain. The documentation indicates the patient was to transition prescription maintenance to her neurologist; however, there is no additional documentation to indicate that the care has been assumed and ongoing prescribing of the appropriate medications is taking place. The modification of the gabapentin to only a one-month supply according to the utilization review determination was based upon a peer-to-peer discussion. Specifically, the requesting provider who is a psychiatrist had reportedly agreed to transition care of the patient's pain complaints over to a neurologist. Therefore, this was the sole reason for the modification of the gabapentin requests. The patient has cervical radiculopathy and Neurontin is an appropriate treatment for this type of neuropathic pain. But the fact that this utilization review determination is appealed through the independent medical review process indicates that the requesting provider does not agree with the documentation of the utilization reviewer. From a standpoint of medical necessity, the gabapentin remains appropriate for this injured worker. Whether it is prescribed by psychiatry or transitioned over to a neurologist is not relevant. This request is medically necessary and the utilization review modification is overturned.