

Case Number:	CM14-0138855		
Date Assigned:	09/05/2014	Date of Injury:	04/07/1997
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 California and is licensed to practice in Occupational Medicine. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back pain, depression, and headaches reportedly associated with an industrial injury of April 7, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; unspecified amounts of physical therapy; unspecified amounts of psychotherapy; and extensive periods of time off of work. In a Utilization Review Report dated July 30, 2014, the claims administrator failed to approve a request for Gabapentin. The applicant's attorney subsequently appealed. In a progress note dated January 3, 2013, the applicant was asked to continue gabapentin, hyoscyamine, Limbrel, Lunesta, Mobic, olanzapine, Prilosec, Tramadol, and Effexor. The applicant was "not working," it was suggested, owing to ongoing complaints of neck and low back pain. There was no explicit discussion of medication efficacy on this date. In a progress note dated July 3, 2014, the applicant was described as transferring care from a previous treating provider. The applicant had persistent complaints of neck pain and headaches, it was stated. The applicant was again described as using Zyrtec, Neurontin, hyoscyamine, Levoxyl, Limbrel, Lunesta, Mobic, Zyprexa, Prilosec, Tramadol, and Effexor. The applicant was still smoking. The applicant was using medical marijuana, it was further noted and had done so for the preceding three years. Multiple medications were refilled, again with no explicit discussion of medication efficacy. In an earlier note dated July 3, 2014, the applicant was described as having moderate pain. The applicant was still smoking medical marijuana, it was stated. The attending provider stated in some sections of the report that the applicant was depressed and anxious. At the bottom of the report, it was stated that the applicant's moderate pain complaints were reduced with medications. This was not elaborated or expounded upon, however. In an earlier note dated January 30, 2014, it was stated that the applicant had received an award for Social Security Disability Insurance (SSDI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: 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 Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has failed to quantify any decrements in pain achieved as a result of ongoing Gabapentin usage. The attending provider has failed to recount or describe any tangible material improvements in function achieved as a result of ongoing Gabapentin usage. The applicant is off of work. Ongoing gabapentin usage has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as tramadol and illicit medications such as marijuana. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.