

Case Number:	CM14-0155588		
Date Assigned:	09/26/2014	Date of Injury:	02/09/2001
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 63-year-old female who has submitted a claim for hip pain and neck pain associated with an industrial injury date of 2/9/2001. Medical records from 4/5/2011 up to 6/25/2013 were reviewed showing back pain. There is no documentation of recent progress notes to assess the patient's current condition. There is a UR which certifies the request for Gabapentin 600mg #540 for 90 days dated 8/13/2014. Treatment to date has included Gabapentin (since at least 4/5/2011), ropinerole, orphenadrine, Nexium, nabumetone, LidoDerm, Colace, MiraLax, and CESI. Utilization review from 9/12/2014 denied the request for 1 prescription for Gabapentin 600mg #180. There is an overlap of prescription of gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Gabapentin 600mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013 (pain) (Neurontin, Gabarone, generic available)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: According to pages 16-19 of CA MTUS Chronic Pain Treatment Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient has been taking Gabapentin since at least 4/5/2011. However, there is no documentation of recent progress notes to assess the patient's current condition. The latest PR was dated 6/25/2013. In addition, there is a UR which certifies the request for Gabapentin 600mg #540 for 90 days dated on 8/13/2014. There is an overlap with the prescription of the said medication. Therefore the request for 1 prescription for Gabapentin 600mg #180 is not medically necessary.