

Case Number:	CM14-0021897		
Date Assigned:	05/09/2014	Date of Injury:	04/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is the patient with a date of injury of April 11, 2008. A utilization review determination dated February 18, 2014 recommends non-certification of Gabapentin. The non-certification was due to lack of objective evidence of neuropathic source of pain as well as a lack of clarity regarding whether this was an initial or continuing prescription for Gabapentin. A progress report dated January 10, 2014 identifies subjective complaints of severe hip pain and severe lumbar pain with frequent urination. Objective findings are not listed. Diagnoses include disorders of the coccyx, and sprain/strain of lumbosacral. The treatment plan recommends following up with another doctor and await an authorized medical examiner. A cognitive behavioral therapy progress note dated December 12, 2013 indicates that the patient has completed 6 sessions and has noted improvement in coping skills, decreased depressive symptoms, more positive self talk, increased communication, decreased hypersomnia, and decreased crying episodes. Further treatment is recommended to continue growth in adapting to physical limitations due to pain and physical disability. A progress report dated November 14, 2013 recommends pain management follow-up, orthopedic evaluation, neurologic evaluation, supervised weight loss, and replacement of a lumbar brace. A report dated September 25, 2013 includes diagnoses including coccydynia, sleep deprivation, depression/anxiety/stress, gastritis, sexual dysfunction, and a lumbar spine issue. There was no clear documentation regarding a request for Gabapentin, or a statement indicating what it is being prescribed for.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 2/10/14) FOR 60 CAPSULES OF GABAPENTIN
600MG: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. The guidelines go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it is unclear whether this is an initial or continuing prescription for Gabapentin. If this is an initial prescription for Gabapentin, there is no documentation of subjective complaints and objective findings consistent with a neuropathic pain disorder. If this is a continuing prescription, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of numerical rating scale, and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Gabapentin is not medically necessary.