

Case Number:	CM14-0067860		
Date Assigned:	07/16/2014	Date of Injury:	08/04/2008
Decision Date:	12/23/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Interventional Spine 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 62-year old male with an injury date of 08/04/08. Per the 01/17/14 Clinical and Forensic Psychology progress report by [REDACTED] the patient presents with all body pain, headaches, depression, anxiety and sleep problems. The 04/05/14 AME report states the patient is completely non-functional and unable to answer questions. Objective findings from 01/17/14 state the patient are restless and anxious and shows improved cognitive functioning. The report further states, he has more coherent thought process and good response to psychotropic medications. Examination from the 04/05/14 AME report shows midlevel cervical spine tenderness right worse than left. The AME assessment from 04/05/14 includes: 1. Status post fall from height 08/04/08. 2. Closed head injury with chronic headaches. 3. Chronic lower back pain with L5-S1 spondylolisthesis. 4. Chronic neck pain. 5. Chronic right rib cage pain. Medications as of 02/28/14 are listed as Gabapentin and Depakote. The utilization review being challenged is dated 04/07/14. The rationale regarding [REDACTED] is not included. Reports provided from 10/03/13 to 02/28/14 mostly discuss psychological assessment except for the cited AME report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Medication for chronic pain Page(s): 18, 19, 60.

Decision rationale: The physician requests for GABAPENTIN 100 mg QTY 90. Reports indicate the patient started this medication 02/28/14. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case there is very limited information about the patient's medications. The physician provides no discussion and reports note only the start and continuance of Gabapentin. The physician does not state whether or not the medication helps. MTUS page 60 states pain and function must be recorded when medications are used for chronic pain. Therefore, Gabapentin 100 mg qty 90 is not medically necessary.

Referral [REDACTED] qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The physician requests for Referral [REDACTED] QTY 1. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The reports show the patient experiences chronic pain. The 11/20/13 and 01/17/14 treatment plans request referrals for: Neurologist assessment of the patient's symptoms, Neuropsychological disturbance and cognitive impairment, continued Orthopedic treatment, and Psychiatric treatment. The reports provided only show Gabapentin and Depakote are prescribed for the patient and mention psychotropic medications. A 10/14/13 UDS is provided; however, it shows negative/not detected for all drugs. Presumably, this test was taken due to concern about opiates/narcotics use by the patient and the patient's injuries suggest other medications, but these are not documented. The physician does not discuss the reason for this request. It is not explained why the prescriber is not able to provide pharmacologic management. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. In this case, the Referral [REDACTED] qty 1 is not medically necessary.

Gabapentin 100 mg qty 30 date 2/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin, Medication for chronic pain Page(s): 18, 19, 60.

Decision rationale: The physician requests for GABAPENTIN 100 mg QYT 30 DATE 02/18/14. Reports indicate the patient started this medication 02/28/14. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case there is very limited information about the patient's medications. The physician provides no discussion and reports note only the start and continuance of Gabapentin. The physician does not state whether or not the medication helps. MTUS page 60 states pain and function must be recorded when medications are used for chronic pain. The Gabapentin 100 mg qty 30 date 2/18/14 is not medically necessary.