

Case Number:	CM14-0068844		
Date Assigned:	07/14/2014	Date of Injury:	11/16/2012
Decision Date:	09/19/2014	UR Denial Date:	04/16/2014
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 Occupational 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 applicant is represented [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychological counseling, psychological testing; muscle relaxants; and extensive periods of time off of work. In a utilization review report dated April 16, 2014, the claims administrator denied a request for Gabapentin 550 mg, stating that the request in fact represented some form of amalgamated compounded drug. A variety of MTUS and non-MTUS guidelines were cited. The applicant's attorney subsequently appealed. In March 4, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. It was stated that the applicant had tried variety of medications, including Duexis, Gabapentin, Mobic, and Soma. Two epidural steroid injections had also been performed. The applicant was contemplating a third epidural steroid injection. The applicant's work status was not furnished. A topical-compounded Ketoprofen medication was also sought. On January 28, 2014, the applicant was given prescriptions for Ambien and Ativan owing to issues with adjustment, anxiety disorder, and depressed mood. In a handwritten note dated May 7, 2013, the applicant was placed off work, on total temporary disability. A variety of medications were renewed, including Gabapentin and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) & Physician's Desk Reference, online edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the 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, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including epidural steroid injection therapy, Meloxicam, Soma, Tramadol, etc., despite ongoing usage of Gabapentin. All the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request for Gabapentin is not medically necessary.