

Case Number:	CM14-0199065		
Date Assigned:	12/09/2014	Date of Injury:	10/28/1997
Decision Date:	02/11/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 a represented [REDACTED] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of October 28, 1997. In a Utilization Review Report dated November 22, 2014, the claims administrator partially approved a request for gabapentin. The claims administrator contented that the applicant had failed to derive any significant benefit from the same. The claims administrator referenced an earlier Utilization Review Report dated October 15, 2014, in its determination. The applicant's attorney's subsequently appealed. In a September 23, 2014 progress note, the applicant reported chronic bilateral lower extremity pain complaints reportedly imputed to complex regional pain syndrome (CRPS). The applicant also had issues with severe fatigue, dizziness, headaches, depression, sleep disturbance, and chronic musculoskeletal pain complaints. The applicant was using motorized scooter to move about. The applicant was using Celexa, Neurontin, Ativan, Ambien, Flexeril, Norco, and vitamins. Multiple medications were refilled including Neurontin, Celexa, Ativan, Ambien, Flexeril, and Norco. Permanent work restrictions were renewed. The applicant did not appear to be working with limitations in place. The attending provider's progress note did not contain much discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Gabapentin Page(s): 7, 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 achieved because of the same. Here, however, the applicant is seemingly off work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains wheelchair-bound. Ongoing usage of gabapentin (Neurontin) has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.