

Case Number:	CM15-0138429		
Date Assigned:	07/28/2015	Date of Injury:	06/13/2003
Decision Date:	08/27/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 13, 2003. In a utilization review report dated July 4, 2015, the claims administrator partially approved a request for Gabapentin, apparently for weaning or tapering purposes. The claims administrator referenced a June 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated August 7, 2015, the attending provider appealed previously denied Gabapentin and cyclobenzaprine. The attending provider noted that the applicant had undergone lumbar epidural steroid injection therapy and had completed a functional restoration program but still had residual complaints of low back pain radiating into the right lower extremity. The attending provider stated in one section of the note that the applicant developed pain and had "not improved." The applicant was using Norco, Neurontin, and Flexeril, it was reported. The note was several pages long and quite difficult to follow. The attending provider stated that the applicant had "worsening" low back and radicular pain complaints in one section of the note, but then stated that Neurontin was beneficial in terms of ameliorating the applicant's ability to get up out of her chair, dress herself, and perform activities of self-hygiene. In a July 9, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity. The applicant was described as having "not improved" since the preceding visit. The applicant was on Norco, Neurontin, Flexeril, Norvasc, and hydrochlorothiazide, it was reported. The applicant was still smoking, it was acknowledged. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said

permanent limitations in place, although this did not appear to be the case. On July 7, 2015, the attending provider posited that the applicant's ability to get up out of her chair, walk, perform activities of self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg, #60 (ms) #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, it did not appear that the applicant had profited appreciably from ongoing Gabapentin usage. The applicant's pain complaints were described as having "not improved" on June 9, 2015. The applicant's pain complaints were worsened on that date, the treating provider acknowledged. The attending provider's appeal letter of August 7, 2015 also suggested that the applicant was not appreciably improved. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status, the fact that permanent work restrictions were renewed, unchanged, from visit to visit, and the failure of Gabapentin to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of Gabapentin and, furthermore, outweighed the attending provider's reports to the effect that the applicant's ability to perform activities of self-care, personal hygiene, and get up out of her chair had been ameliorated as a result of ongoing medication consumption. Therefore, the request was not medically necessary.