

Case Number:	CM15-0139465		
Date Assigned:	07/29/2015	Date of Injury:	04/30/1998
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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 55-year-old who has filed a claim for chronic low back, hip, wrist, and hand pain reportedly associated with an industrial injury of April 30, 1998. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for gabapentin (Neurontin). The claims administrator referenced an RFA form received on June 19, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant's pain management physician noted that the applicant had ongoing complaints of neck, mid back, and low back pain, collectively rated at 7/10. The applicant acknowledged that activities of daily living including bending, twisting, and turning remained problematic, despite usage of Norco. The applicant's medication list included Norco, Viagra, Wellbutrin, and Ativan, it was reported. Trigger point injections were performed. Norco was renewed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. The applicant had received earlier wrist surgery and lumbar epidural steroid injection therapy, it was reported. In a handwritten note dated June 12, 2015, the applicant reported severe low back, leg, and wrist pain. The applicant was seemingly asked to remain off of work. The applicant was asked to continue Celebrex. There was no seeming mention of Neurontin made on this progress note. In a separate RFA form dated June 12, 2015, however, both Celebrex and Neurontin were endorsed, seemingly without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin capsules (Neurontin): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Functional Restoration Approach to Chronic Pain Management Page(s): 49; 7.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin (Neurontin) is a first-line treatment for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, neither the handwritten June 12, 2015 progress note nor the associated RFA form of the same date seemingly incorporate any discussion of whether or not ongoing usage of gabapentin (Neurontin) was or was not effective. The applicant did not, however, appear to be working, it was suggested in the work status section of the June 12, 2015 progress note. It was not clearly stated whether or not the request for gabapentin represented a first-time request for the same or a renewal/extension request. The presence or absence of functional improvement in terms of parameters established in MTUS 9792.20e with ongoing gabapentin usage was not established via the documentation submitted. Therefore, the request was not medically necessary.