

Case Number:	CM15-0140360		
Date Assigned:	07/30/2015	Date of Injury:	09/02/2013
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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 [REDACTED] beneficiary who has filed a claim for chronic hand and upper extremity pain reportedly associated with an industrial injury of September 2, 2013. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for Gabapentin (Neurontin). The claims administrator referenced an RFA form received on June 10, 2015 in its determination. The claims administrator based its decision in part, on non-MTUS ODG guidelines on Gabapentin. The claims administrator contended that no recent clinical progress notes were attached to the RFA form. The applicant's attorney subsequently appealed. The most recent note on file, per the claims administrator's medical evidence log, was an August 8, 2014 medical-legal evaluation. On that date, it was suggested that the applicant was working regular duty. The applicant's problem list included diabetes, hypertension, and dyslipidemia. The applicant was on Neurontin and Relafen it was reported, along with unspecified medications for blood pressure and diabetes. The applicant was given a 0% whole person impairment rating. The applicant was described as working regular duty as of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Gabapentin.

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 (Neurontin), 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 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, no clinical progress notes were seemingly attached to the IMR packet, which comprised solely of medical-legal evaluations. Medication selection and medication efficacy were not discussed or detailed. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e was not established with ongoing Gabapentin usage. Again, no clinical progress notes were seemingly incorporated into the IMR packet. The historical information on file in the form of 2014 medical-legal evaluation failed to support or substantiates the request. Therefore, the request was not medically necessary.