

Case Number:	CM15-0163455		
Date Assigned:	08/31/2015	Date of Injury:	03/23/2006
Decision Date:	10/05/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	08/20/2015

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 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 23, 2009. In a Utilization Review report dated July 18, 2015, the claims administrator failed to approve a request for gabapentin. The claims administrator referenced an RFA form received on July 9, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated June 26, 2015, the applicant reported ongoing complaints of cervical and lumbar radicular pain, 8/10. The applicant was currently using Naprosyn, it was reported. The applicant's past medical history was notable for dyslipidemia, depression, anxiety, and hypertension, it was reported. Naprosyn and Neurontin were endorsed. It was suggested (but not clearly stated) that the request for Neurontin represented a first-time request for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #45 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin); Pain Mechanisms Page(s): 49; 3.

Decision rationale: Yes, the request for gabapentin (Neurontin), an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, burning, electric-shock like, and/or tingling sensations, i.e., sensations which were present here on or around the date in question, June 26, 2015, in the form of the applicant's cervical and lumbar radicular pain complaints. Introduction of gabapentin (Neurontin) was indicated to combat the same. Therefore, the first-time request for gabapentin is medically necessary.