

Case Number:	CM15-0199585		
Date Assigned:	10/14/2015	Date of Injury:	06/04/2012
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/10/2015

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 low back pain (LBP) reportedly associated with an industrial injury of June 4, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for gabapentin. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity. The applicant apparently alleged development of pain complaints secondary to cumulative trauma at work. The applicant was described as doing "doing very poorly." The applicant was unable to sit for even two minutes continuously to have a conversation. The applicant was reportedly in "agony," the attending provider reported. The applicant was pending an epidural steroid injection, it was reported. The applicant's medications include Norco, Neurontin, Motrin, and Prilosec, it was acknowledged. The applicant had superimposed issues with depression. The applicant exhibited visibly antalgic gait, the treating provider reported. 7/10 pain complaints were reported in another section of the note. The applicant was asked to pursue an epidural steroid injection. Norco, Prilosec, Naprosyn, Neurontin were all seemingly renewed. The note was somewhat difficult to follow as it mingled historical issues with current issues. The applicant was nevertheless placed off of work, on total temporary disability, it was stated towards the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 1/2 tablet orally, 3 times daily, 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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, the applicant was placed off of work, on total temporary disability, on the September 8, 2015 office visit at issue which the applicant described as in agony on that date. Severe pain complaints were reported. The applicant is having difficulty performing activities as basic as sitting for up to 2 minutes continuously, the treating provider reported on September 8, 2015. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco or epidural steroid injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.