

Case Number:	CM15-0202646		
Date Assigned:	10/16/2015	Date of Injury:	05/15/1996
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/13/2015

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 57-year-old who has filed a claim for chronic shoulder, wrist, ankle, mid back, and knee pain reportedly associated with an industrial injury of May 15, 1996. In a Utilization Review report dated October 8, 2015, the claims administrator partially approved a request for gabapentin. The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 28, 2015, Neurontin was seemingly endorsed. On an associated progress note of the same date, September 28, 2015, the applicant reported ongoing complaints of low back pain radiating to lower extremities, exacerbated by activities of daily living to include lifting, stretching, and bending. 8-9/10 pain complaints were reported. The applicant's medication list included topical Voltaren, testosterone, Flomax, Klonopin, Percocet, Abilify, Prilosec, Skelaxin, Lunesta, Pristiq, Naprosyn, Duragesic and Neurontin in question, several of which were refilled. The applicant's permanent work restrictions were likewise renewed. It does not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg, #180 with 3 refills: Upheld

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

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

Decision rationale: No, the request for gabapentin, an anti-convulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, 8-9/10 pain complaints were reported on September 26, 2015. The applicant was described as having "severe disability and functional limitations," the treating provider reported on that date. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Duragesic and Percocet, the treating provider acknowledged on the September 26, 2015 office visit at issue. 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.