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| <b>Case Number:</b>   | CM15-0207387 |                              |            |
| <b>Date Assigned:</b> | 10/26/2015   | <b>Date of Injury:</b>       | 05/18/2010 |
| <b>Decision Date:</b> | 12/11/2015   | <b>UR Denial Date:</b>       | 09/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2015 |

### 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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 18, 2010. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for Gabapentin. A September 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant's medication list included Neurontin, Abilify, Desyrel, Colace, Motrin, and Extra Strength Tylenol. The applicant was still smoking four to six cigarettes, it was reported. The applicant reported in one section of the note that her leg pain had diminished following earlier lumbar decompression surgery in 2014. Colace, Desyrel, Abilify, Extra Strength Tylenol, Motrin, and Neurontin were all renewed. A permanent 20-pound lifting limitation was likewise renewed. The treating provider acknowledged that the applicant was not working with said limitation in place. The treating provider stated, in a somewhat templated manner, that the applicant's ability to perform cooking, cleaning, and self care had all been ameliorated as a result of ongoing medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg, #90 with 2 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 anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic 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 not working on September 17, 2015. Permanent work restrictions were renewed, unchanged from previous visits on that date. The applicant was not working with said limitations in place, the treating provider stated in several sections of the note. The treating provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Gabapentin usage. The treating provider's commentary to the fact that the applicant's ability to cook, clean, and perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not, in and of itself, constitute evidence of functional improvement as defined in MTUS 9792.20e with ongoing Neurontin (Gabapentin) usage and was, moreover, outweighed by the applicant's failure to return to work here. Therefore, the request was not medically necessary.