

Case Number:	CM15-0022836		
Date Assigned:	02/12/2015	Date of Injury:	09/18/2008
Decision Date:	03/31/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/06/2015

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, Ohio, 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 65-year-old [REDACTED] who has filed a claim for chronic neck, shoulder, and hip pain reportedly associated with an industrial injury of September 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier cervical spine surgery; opioid therapy; and a total hip replacement. On January 3, 2015, the claims administrator failed to approve a request for gabapentin, referencing an RFA form received on December 29, 2014. The applicant's attorney subsequently appealed. On May 7, 2014, the applicant was placed off of work, on total temporary disability, some three months removed from a multilevel cervical fusion surgery. On December 3, 2014, the applicant was, once again, placed off of work, on total temporary disability. Ongoing complaints of neck pain were evident. The applicant was given refills of Prilosec, Celebrex, and Vicodin. A handicap permit and Elavil were also furnished. Neurontin was endorsed via an RFA form dated October 28, 2014. In an associated progress note of October 2, 2014, however, the attending provider did not make any mention of the applicant's using gabapentin, nor did the attending provider incorporate any discussion on medication efficacy into his progress note of that date. The applicant was described as using gabapentin on a January 14, 2014 progress note, along with Prilosec, Celebrex, and Norco. Once again, the applicant was placed off of work, on total temporary disability, at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg 1 Cap Three Times Daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin, Gabarone™, generic available) Page(s): Chronic Pain Medical Treatment G.

Decision rationale: 1. 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 using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing gabapentin usage. Ongoing gabapentin usage failed to curtail the applicant's dependence on opioid agents such as Norco. The attending providers, collectively, failed to identify any quantifiable decrements in pain or material, meaningful improvements in function effected as a result of ongoing gabapentin usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.