

Case Number:	CM15-0045102		
Date Assigned:	03/17/2015	Date of Injury:	12/11/2001
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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 45-year-old who has filed a claim for chronic low back, shoulder, hand, wrist, ankle, and knee pain reportedly associated with an industrial injury of December 11, 2001. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for gabapentin. An RFA form dated December 15, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On December 5, 2014, the applicant reported ongoing complaints of low back, shoulder, knee, and wrist pain with multiple trigger fingers. The applicant was using tramadol, gabapentin, and topical compounded medications. The applicant was trying to lose weight. Multiple trigger finger releases were proposed, along with postoperative physical therapy and postoperative Zofran. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The request for gabapentin appears to represent a renewal request, although it was not explicitly stated. The applicant exhibited visibly antalgic gait. 6-7/10 multifocal pain complaints were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

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, the applicant's using gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function with the same. Here, however, the applicant was off of work as of December 15, 2014 progress note on which it was renewed. The said progress note did not contain much discussion of medication efficacy. The applicant continued to report multifocal pain complaints in the 6-7/10 range. A visibly antalgic gait was noted. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Ultracet or topical compounded agents. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.