

Case Number:	CM15-0087629		
Date Assigned:	05/14/2015	Date of Injury:	10/28/1998
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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 60-year-old who has filed a claim for chronic low back and knee pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of October 28, 1998. On April 20, 2015, the claims administrator failed to approve a request for Neurontin (gabapentin). The claims administrator referenced an RFA form received on April 21, 2015 and an associated progress note of April 14, 2015 in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of low back pain, 9/10 without medications versus 4/10 with medications. The attending provider stated that the applicant was still struggling with cooking, cleaning, laundrying, and household chores and had obtained an aide to perform these chores. The applicant spent much of his time watching TV, it was acknowledged. The applicant was using Norco at a rate of six tablets daily, Neurontin, Lunesta, testosterone, Colace, Cymbalta, and Lidoderm patches, it was acknowledged. Epidural steroid injection therapy was sought, along with additional acupuncture. Multiple medications were continued and/or renewed. The applicant did not appear to be working with previously imposed permanent restrictions. On February 3, 2015, the attending provider appealed previously denied Norco. On April 14, 2015, the applicant reported 9/10 pain without medications versus 4/10 pain with medications. The attending provider again reiterated that the applicant was struggling to perform activities of daily living as basic as cooking, cleaning, laundering, household chores, and gardening. The applicant was spending much of his time watching television, it was acknowledged. The applicant's pain complaints were so severe that they were preventing him

from attending church on a regular basis, it was reported. The applicant was still using Norco at a rate of six tablets a day, despite ongoing usage of Neurontin, it was acknowledged. Multiple medications and permanent work restrictions were renewed. The applicant did have derivative depressive symptoms, it was acknowledged, following earlier failed lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin tab 800mg #90 for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for Neurontin (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 (Neurontin) 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 off of work, it was suggested on a progress note of April 14, 2015. The applicant did not appear to be working with previously imposed permanent restrictions, it was suggested. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was still using at a rate of six tablets a day as of April 14, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's commentary to the effect that the applicant was still struggling to perform activities as basic as cooking, cleaning, laundering, and household chores. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.