

<b>Case Number:</b>	CM14-0146339		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/27/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 represented [REDACTED] employee, who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of April 27, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; psychotropic medications; and reported return to part-time work. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for gabapentin. The claims administrator did not invoke any guidelines in its rationale and stated that he could not approve the request absent a Utilization Review phone call. The applicant's attorney subsequently appealed. In a July 25, 2014, progress note, the applicant reported persistent complaints of upper extremity pain. It was stated that the applicant continued to work regular duty work despite ongoing pain complaints. The applicant had apparently recently received thumb CMC joint corticosteroid injection for thumb arthritis. The applicant's medications list included Prozac, Neurontin, Motrin, Prilosec, and Tylenol with Codeine, it was stated. An orthopedic consultation was sought. In an earlier note dated May 15, 2012, it was stated that the applicant was using Tylenol No. 3 and Neurontin for pain relief at that point in time. The applicant was reportedly working as a part-time librarian 20 hours a week, it was stated at that point in time. On July 17, 2012, the applicant stated that she had apparently weaned off of Percocet and felt that she was deriving appropriate analgesia through ongoing usage of gabapentin and Tylenol No. 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg, QTY: 360: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there has been improvement in pain and/or function achieved as a result of the same. In this case, the information on file, while admittedly sparse, does suggest that the applicant is deriving appropriate analgesia through ongoing medication usage, including ongoing gabapentin usage and has apparently returned to and is maintaining part-time status as a librarian with the same. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.