

<b>Case Number:</b>	CM14-0174375		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 19, 2014, the claims administrator failed to approve a request for gabapentin and tramadol. The claims administrator stated that the applicant did not have neuropathic pain for which gabapentin would be indicated. The claims administrator's report was several pages long and extremely difficult to read. The claims administrator also suggested that the applicant was not benefiting from ongoing tramadol usage. In a progress note dated October 6, 2014, the applicant reported ongoing complaints of low back pain, 7/10, radiating to the right thigh. The applicant was using tramadol and Motrin, which the attending provider posited were helping somewhat. Only temporary relief was obtained through an earlier epidural injection. In another section of the note, it was stated that the applicant's pain medications were controlling her pain. The applicant was asked to continue tramadol, Motrin, and Neurontin. Repeat epidural steroid injection therapy was sought. It was acknowledged that the applicant was currently "unemployed." In an earlier note dated September 11, 2014, the applicant was again described as having ongoing complaints of low back pain with minimal spinal stenosis and right lower extremity radiculopathy. The applicant was asked to continue conservative treatment. The applicant was reportedly not a candidate for any kind of surgical intervention. In a September 3, 2014, progress note, the applicant again reported 7/10 low back pain radiating to the right thigh. The attending provider again stated that the applicant's medications were helping somewhat, although it was acknowledged that the applicant was still

"unemployed." The applicant was asked to continue Tramadol, Motrin, and Neurontin. In a note dated August 6, 2014, it was stated that the applicant had failed conservative treatment. A spine surgery consultation and pain management specialty consultation were sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 300mg capsule lake #30:** Upheld

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

**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 using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the applicant is off work. The applicant is currently unemployed, as has been stated on several occasions, referenced above. While the attending provider stated on a few occasions, referenced above, that medication usage had proven beneficial, on other occasions, it was suggested that conservative treatment had failed and that the applicant continued to report pain complaints as high as 7-8/10 on multiple office visits, referenced above. Ongoing usage of gabapentin has seemingly failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.