

<b>Case Number:</b>	CM15-0116301		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/01/1999
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 1, 1999. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for gabapentin. A May 21, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported 8/10 neck and shoulder pain with associated finger stiffness. Cold weather remained problematic, it was reported. The applicant was on a TENS unit, topical LidoPro, and naproxen, it was reported. Permanent work restrictions, Neurontin, naproxen, Prilosec, and LidoPro were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On May 21, 2015, the applicant's permanent work restrictions were, once again, renewed. Ongoing complaints of neck pain were reported. The applicant was not working at this point in time, it was acknowledged. 8/10 pain complaints and associated finger stiffness were reported. The attending provider stated in one section of the note that gabapentin was helpful while then reporting, in another section of the note, that the applicant's neuropathic pain complaints were worsened.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #90: 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 TM, generic available) Page(s): 19.

**Decision rationale:** 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 on 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, it did not appear that ongoing usage of gabapentin had generated material improvements in pain and/or function. The applicant continued to report pain complaints as high as 8/10, despite ongoing gabapentin usage, in progress notes of May 21, 2015 and April 20, 2015, referenced above. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing usage of gabapentin. The applicant was not working with said permanent limitations in place. Ongoing usage of gabapentin failed to curtail the applicant's dependence on other medications, including topical compounds such as LidoPro and/or oral agents such as naproxen. 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.