

Case Number:	CM15-0175465		
Date Assigned:	10/12/2015	Date of Injury:	04/20/2013
Decision Date:	11/25/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/05/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2013. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for prospective usage of gabapentin. The claims administrator did approve a follow-up with pain management specialist per the claims administrator and referenced a June 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 22, 2015, the applicant reported ongoing complaints of low back pain status post an earlier epidural steroid injection. Highly variable pain complaints were reported. The applicant was on Neurontin, Prilosec, Zofran, and a Flexeril cream. The note was difficult to follow and mingled historical issues with current issues. The applicant was not working and had last worked in April 2013, the treating provider acknowledged. The applicant was visibly tearful, anxious, and in obvious discomfort in the clinical setting, it was reported. A repeat epidural steroid injection was sought while Neurontin was endorsed at a heightened dose. The Flexeril-containing cream was also renewed while the applicant was asked to continue a neurology consultation and continue Zofran and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Yes, the request for prospective usage of gabapentin is medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, one recommended basis for an adequate trial of gabapentin is three to eight weeks for transition, then one to two weeks at maximum tolerated dosage. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an attending provider should ask the applicant at each visit as to whether there have been changes in pain and/or function achieved because of the same. Here, the attending provider reported on the June 23, 2015 office visit that a previously provided dosage of gabapentin was suboptimal. The attending provider suggested increasing the dosage of gabapentin to 600 mg thrice daily to ameliorate the applicant's heightened radicular pain complaints present on that date. Therefore, the request is medically necessary.