MAXIMUS Federal Services

Case Number:	CM15-0069680		
Date Assigned:	04/17/2015	Date of Injury:	09/25/2006
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 25, 2006. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for Gabapentin. The claims administrator referenced progress notes of February 9, 2015, January 30, 2015, and January 19, 2015 in its determination. The applicant's attorney subsequently appealed. On March 16, 2015, the applicant reported heightened complaints of low back pain radiating to the bilateral lower extremities. The applicant was wearing a lumbar support. The applicant stated that activities of daily living as basic as gardening remained problematic. The applicant's medication list included Celebrex, Dyazide, Neurontin, Flector, Tramadol, Advair, Zyrtec, and Flector, it was stated. The applicant was asked to discontinue Percocet; it was stated in another section of the note. The applicant was described as having significant lumbar radicular complaints and/or low back pain secondary to pseudoarthrosis. Gabapentin at a rate of 800 mg twice daily was endorsed. The applicant's work status was not detailed. Additional physical therapy was sought. The applicant was using a cane to move about. On March 7, 2015, the applicant's medication list reportedly included Percocet, Valium, tramadol, Neurontin, Flector, Celebrex, and Advair, it was reported. The applicant remained dependent on a cane. The applicant had undergone earlier failed lumbar and cervical spine surgeries, it was reiterated. The applicant was asked to pursue Percocet. A CT myelogram was endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, 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 using Gabapentin should be asked "at each visit" as to whether there have been improvement in pain and/or function effected as a result of the same. Here, however, the applicant's work status was not clearly detailed. It did not appear, however, that the applicant was working, despite ongoing Gabapentin usage. Ongoing usage of Gabapentin failed to curtail the applicant's dependence on opioid agents such as Percocet and Tramadol. The applicant's pain complaints were seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing Gabapentin usage. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, and gardening, it was noted on several other occasions. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request was not medically necessary.