

Case Number:	CM15-0077571		
Date Assigned:	04/29/2015	Date of Injury:	05/13/2013
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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 30-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial motor vehicle accident (MVA) of May 13, 2013. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for gabapentin. The claims administrator referenced an RFA form received on March 26, 2015 and a progress note dated March 25, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated April 23, 2015, Tylenol, tramadol, and Maxalt were endorsed. In an associated progress note of the same date, April 23, 2015, the applicant was given diagnoses of back pain, knee pain, leg pain, migraine headaches, and posttraumatic brain injury. The applicant's medication list included Tylenol, Motrin, Neurontin, and Colace, it was stated towards the top of the report. The applicant's work status was not clearly detailed. Medication selection and medication efficacy were not detailed. On April 9, 2015, the applicant reported ongoing complaints of hand pain, headaches, neck pain, and arm pain. Once again, the applicant's medication list included Tylenol, Motrin, Neurontin, and Colace. Once again, no discussion of medication efficacy transpired. The applicant's work status was not detailed. In a September 26, 2014 functional capacity evaluation report, the applicant was described as using Neurontin, Tylenol, Motrin, Prilosec, Colace, Senna, and Lidoderm patches. The applicant completed six weeks and 19 sessions of a functional restoration program. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a November 12, 2014 progress note, the applicant was placed off of work, on total temporary

disability. Lifting, carrying, and pushing remained problematic, the treating provider reported. The applicant was described as using Neurontin, Colace, Motrin, and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 18.

Decision rationale: No, the request for gabapentin (Neurontin), 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 improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was suggested. Activities of daily living as basic as lifting, carrying, pushing, and pulling remained problematic, the treating provider reported, above. 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.