

Case Number:	CM15-0079069		
Date Assigned:	05/28/2015	Date of Injury:	02/01/2001
Decision Date:	07/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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 60-year-old who has filed a claim for chronic low back, hip, knee, wrist, neck, and elbow pain reportedly associated with cumulative trauma at work first claimed on February 1, 2001. In a Utilization Review report dated March 20, 2015, the claims administrator partially approved a request for gabapentin, apparently for weaning or tapering purposes. The claims administrator referenced a RFA form of March 12, 2015 and associated progress note of February 24, 2015 in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of neck pain radiating to bilateral arms, severe. The applicant was on Norco, Neurontin, and Robaxin, it was reported. The applicant was apparently asked to consult a neurosurgeon. Ancillary complaints of low back and knee pain were reported. The applicant reported difficulty sitting, standing, walking, and negotiating stairs. The applicant was apparently considering a knee replacement. 6/10 pain complaints were noted. The applicant's medications include Robaxin, Nucynta extended release, Wellbutrin, Adipex, Neurontin, and Norco, it was reported. The applicant was depressed. The applicant was ultimately placed off of work, on total temporary disability, on multiple medications, including Neurontin, Adipex, Robaxin, Norco, and Nucynta were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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 (Neurontin) was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants using 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, ongoing usage of gabapentin did not appear to have been particularly effective. The applicant reported severe neck pain complaints radiating to bilateral arms on April 13, 2015, despite ongoing usage of gabapentin. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Nucynta and Norco. The applicant was still having difficulty performing activities of daily living as basic as sitting, standing, walking, getting up and down, the treating provider reported on April 13, 2015. The applicant was placed off of work, on total temporary disability, on that date. 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.