

<b>Case Number:</b>	CM13-0014862		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old injured worker with date of injury on 05/05/2010. The progress report dated 06/26/2013 by [REDACTED] indicates that the patient's diagnoses include: cubital tunnel syndrome; tear/torn rotator cuff; and carpal tunnel syndrome. The patient continues with numbness and tingling extending to the fingertips of the right hand. Exam findings indicate the patient has decreased grip strength on the right. A prescription was made for gabapentin 550 mg #90. Utilization review letter dated 08/12/2013 indicates that the patient was prescribed gabapentin 550 mg/acyl-l-carnitine. This medication was denied as the compounded medication was deemed medically unnecessary. Additionally, the medical records did not establish the medical necessity and the clinical rationale for gabapentin 550 mg does not appear to be a standard dosage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Gabapentin 550 mg #90 (date of service: 6/26/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines page 18, regarding gabapentin, state that it is considered as a first-line treatment for neuropathic pain. The medical necessity for gabapentin appears to be reasonable in this case. However, the prescription for 550 mg is not a standard dose. The treating physician's progress reports are difficult to read as they are handwritten and it is unclear if this medication is a compounded formula which has been repeatedly denied by utilization review. The treating physician does not provide documentation to indicate how the patient is able to take a 550 mg dose. There is no mention of the need for a specialized dose that would be outside the standard dose of a 300 mg, 400 mg, or 600 mg option. The retrospective request for Gabapentin 550 mg, # 90, DOS 06/26/13, is not medically necessary and appropriate.