

Case Number:	CM13-0018999		
Date Assigned:	12/13/2013	Date of Injury:	03/09/2009
Decision Date:	02/07/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 claimant is a 40 year old woman who sustained a work related injury on March 9 2009. According to the note of October 31 2013, the patient stated that she had a carpal tunnel release without benefit, she was complaining of neck and right shoulder pain radiating to the right arm, numbness and tingling in both hands and weakness of the grip. She had decreased range of motion of the neck and right shoulder, and was diagnosed with carpal tunnel syndrome and cervicalgia. She still complains of severe pain 7/10 with medications and 10/10 without medications. The provider requested authorization to use 1 Prescription of Gabapentin 600mg for an unknown duration for pain management. ¶

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Gabapentin is an anti-epilepsy drug (AEDs- also referred to as anti-convulsants), which has been shown to be effective

for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The patient sustained a neuropathic pain that could be treated by Gabapentin combined to his current medications. However, the prescription of Gabapentin should be limited to one month to assess its efficacy. Therefore, the request for one prescription of Gabapentin 600mg for an unknown duration is not medically necessary and appropriate.