

Case Number:	CM13-0021042		
Date Assigned:	11/08/2013	Date of Injury:	04/12/2006
Decision Date:	08/27/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Internal 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 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/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 injured worker is a 54-year-old female with a reported date of injury on 04/12/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cystic lupus erythematosus, cervical spine sprain/strain with right upper extremity radiculitis and disc protrusions at C4-5 and C5-6 with stenosis, musculoligamentous sprain/strain with bilateral lower extremity radiculitis, right shoulder impingement, and right wrist tendonitis. Her previous treatments were noted to include physical therapy and medications. The progress note dated 10/14/2013 revealed continued total body pain with chronic fatigue and problems sleeping. The injured worker complained of morning gel phenomenon for about 20 minutes and no new joint swelling. The physical examination revealed no rash or ganglion cyst and normal neurological examination. The request for authorization form was not submitted within the medical records. The request was for 1 prescription of Therapentin #90, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF THERAPENTIN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: Therapentin consists of gabapentin and Gamma-aminobutyric acid. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs such as gabapentin for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few random control trials directed at central pain and none for painful radiculopathy. The Official Disability Guidelines state that Gamma-aminobutyric acid is a supplement indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse reactions associated with treatment include hypertension, increased heart rate and anxiety. There is a lack of documentation regarding neuropathic pain to warrant Therapentin. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.