

Case Number:	CM13-0050972		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 patient is a 44 year old female injured worker with date of injury 10/18/11 with related total body pain. She is diagnosed with fibromyalgia, rheumatoid arthritis; and unspecified diffuse connective tissue disease. EMG/NCS 11/7/11 showed mild right upper extremity ulnar neuropathy indicating an entrapment. Cervical MRI 11/7/11 showed straightening of the cervical spine and mild stenosis at C5-C6 due to a bulge. Per 8/1/13 progress report, the IW has pain in her entire body to include the muscles and joints. She has widespread flu-like symptoms with stiffness in her joints that is present at all times. She has burning sensations in her hips, and in her major joints. She is very sensitive to cold, and breaks out into rashes when exposed to the sun. The date of UR decision was 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg 1 cap BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16, 18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and Pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia. "Per MTUS CPMTG, "Gabapentin (Neurontin) 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." I respectfully disagree with the UR physician; the documentation submitted for review does not indicate that the injured worker is being treated with two anticonvulsants. She has stated, per 10/16/12 report that she was using Lyrica at that time, but later progress reports do not mention its use. As gabapentin has been found safe and effective in the treatment of fibromyalgia, the request is medically necessary.