MAXIMUS Federal Services

Case Number:	CM14-0108995		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2008
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation and Pain Management, 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 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 patient is a 42-year-old female with a date of injury of 02/15/2008. The listed diagnoses per [redacted] are: 1. Carpal tunnel syndrome. 2. Lesion, radial nerve.According to progress report 05/23/2014 by [redacted], the patient complains of right upper extremity pain. She states the pain is around the right elbow along the dorsal forearm, wrist, and into the lateral fingers. The patient continues to use Diclofenac and Ketamine cream with benefit. Examination of the right upper extremity revealed Tinel's test positive at carpal tunnel and cubital tunnel. There is decreased ulnar and radial deviation. The patient's current medication regimen includes Pantoprazole, Ondansetron, Ketamine cream, Glucosamine, Diclofenac Sodium, Zoloft, and Gabapentin. The treater states the patient is taking Gabapentin 600 mg #60 one to two tablets at bedtime. Utilization review denied the request for a refill of Gabapentin on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin tablets 600mg #60 (ms) quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18,19.

Decision rationale: This patient presents with chronic right upper extremity pain. The treater is recommending a refill of gabapentin 600 mg #60 to be taken at bedtime. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain. The medical file provided for review indicates the patient has been taking this medication since 01/14/2014. This medication may be indicated for patient's neuropathic pain; however, the treater does not provide a discussion regarding the medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, there is no discussion regarding pain relief or functional improvement from taking Gabapentin. Therefore, the request for Gabapentin tablets 600mg #60 (ms) quantity: 60 is not medically necessary and appropriate.