

<b>Case Number:</b>	CM14-0109697		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 is licensed to practice in Texas and Ohio. 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 31-year-old male who reported an injury on 01/22/2008. The mechanism of injury was not provided for clinical review. Diagnoses included carpal tunnel syndrome, sleep disturbances, myalgia and myositis, and chronic pain syndrome. Previous treatments included medication and surgery. Within the clinical note dated 05/07/2014, it was reported the injured worker complained of severe hand pain. He rated his pain 9/10 in severity. In the physical examination, the provider noted the injured worker demonstrated appropriate mood and affect. The provider indicated the injured worker was negative for anhedonia and was not agitated or anxious. The medication regimen included Hydrocodone, Gabapril, Topamax, Lyrica, and gabapentin. The provider noted in the documentation Topamax had been approved and to set aside Gabapril for now. The request as submitted is for Gabapril 4mg #60. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapril 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 21..

**Decision rationale:** The injured worker complained of severe hand pain. He rated his pain 9/10 in severity. California MTUS Guidelines recommend Gabitril for neuropathic pain. The guidelines also note Gabitril has been shown to have a variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. After initiation of the treatment, there should be demonstration of pain relief and improvement in function as well as documentation of side effects incurred with use. Continued use of antiepileptic drugs depends on improved outcome versus tolerability of adverse effects. The request as submitted failed to provide the frequency of the medication. The clinical documentation submitted indicated the provider instructed the injured worker to discontinue the use of Gabitril. Therefore, the medical necessity for the request was not medically warranted. As such, the request of Gabitril 4mg #60 is not medically necessary and appropriate.