

Case Number:	CM14-0011717		
Date Assigned:	02/21/2014	Date of Injury:	02/01/2012
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 38-year-old patient with a February 1, 2012 date of injury. January 30, 2014 progress report indicates persistent neck pain, bilateral shoulder impingement syndrome, probable neuroma. A December 10, 2013 progress report indicates continued right hand and wrist pain, radiating into the forearm and into the right fingers. The patient had tingling and numbness in the right thumb and index fingers. The patient presents with ongoing upper extremity pain with allodynia and decreased sensation in the upper extremities. The patient has chronic intractable pain, described as right upper extremity neuropathic pain. Physical exam demonstrates decreased sensation in the right side fingers, positive Tinel's sign over the right wrist, diffuse left hand and wrist tenderness. The patient underwent right ulnar nerve release right carpal tunnel release on June 25, 2012 right deQuervain's surgery on October 9, 2012; and, in March 2010, left carpal tunnel release, left ring, and little finger surgery and left cubital tunnel release. Treatment to date has included right hand glove, medication, activity modification. There is documentation that the patient was trialed on Gralise, a form of Gabapentin, back in June 2013; but she felt 'drunk' and had to discontinue Gralise. There is documentation of a previous January 3, 2014 adverse determination with a modification to gabapentin 100 mg one p.o. QHS for two weeks with titration to two p.o. QHS X2wks for a total of #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin trial dose 100mg to 400 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs page, Gabapentin Page(s): 49, 16-18. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, there is documentation that the patient was trialed on Gralise, a form of Gabapentin, back in June 2013; but she felt 'drunk' and had to discontinue Gralise. It is unclear whether this part of the patient's history was known to the requesting provider at the time of consideration for a Gabapentin dose escalation trial. It is also unclear why an initial trial, as provided for in a January 3, 2014 modified certification would be considered inappropriate. Therefore, the request for Gabapentin trial dose 100mg to 400 mg is not medically necessary or appropriate.