

Case Number:	CM14-0111847		
Date Assigned:	08/01/2014	Date of Injury:	04/12/2011
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Rehabilitation 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 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 50 year old female who reported injury on 04/12/2011. The mechanism of injury was not specified. The diagnoses included cervicalgia, cervical radiculopathy, cervical spine sprain/strain, bilateral shoulder impingement syndrome, bilateral shoulder sprain/strain, bilateral wrist pain, bilateral wrist sprain/strain, bilateral carpal tunnel syndrome, ganglion cyst of right third metacarpal head, hand pain, lumbago, lumbar radiculopathy, lumbar spine sprain/strain, left knee joint derangement, left knee sprain/strain, sleep disorder, anxiety disorder, mood disorder and diabetes. Past treatments include medications. Her diagnostic test included an MRI of the right hand with no date or findings provided. There was no surgical history information provided. There was not an updated clinical note provided. On 01/30/2014 the injured worker complained of severe symptoms of burning, pain, numbness, weakness and tingling in her neck, shoulder, back, hands and fingers. The physical exam findings noted decreased range of motion, pain, weakness, numbness, tingling in the cervical spine, wrist/hand, lumbar spine, left knee and shoulders. Medications included Dicopanorol 5mg, Deprizine 5mg, Fanatrex (Gabapentin) 25mg, Synapryn 10mg and Tabradol 1mg. The treatment plan was to continue taking medications, a periodic urine drug screen will be performed and the use of medications will be monitored closely for effectiveness and possible dependency. The rationale for the request was not provided. The request for authorization form was provided on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (Gabapentin) 25mg/ml Oral Suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Analgesics Page(s): 50,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The request for Fanatrex (Gabapentin) 25mg/ml oral suspension 420 ml is not medically necessary. The injured worker has a history of cervical spine bilateral shoulder, bilateral wrist/hand, lumbar spine and left knee disorders. The California Medical Treatment MTUS guidelines recommend Fanatrex that has Gabapentin in it for neuropathic pain. Gabapentin is an anti-epilepsy drug, which 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. One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. The injured work complained of severe symptoms of burning, pain, numbness, weakness and tingling in her neck, shoulder, back, hands and fingers, however the need for ongoing use of Fanatrex cannot be established as there is a lack of current clinical findings that are dated back to 01/30/2014. A current physical exam should be provided of function, medication improvement, as well as a detailed pain assessment. Furthermore, the frequency and the rationale, was not provided in the request. Therefore the request is not supported. As such, the request for Fanatrex (Gabapentin) 25mg/ml oral suspension 420 ml is not medically necessary.