MAXIMUS Federal Services

Case Number:	CM14-0118142		
Date Assigned:	08/06/2014	Date of Injury:	10/26/2011
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 patient was injured 10/26/2011 when his hand was caught between 8x12 wood beams when he lost his grip on one. His finger was fractured and lacerated. It became infected and was amputated. He now has chronic pain. The provider has requested gabapentin 300mg three times per day, a 30-day supply. He is appealing the 7/9/14 denial of the medication. He has had pain, numbness and tingling in the right hand. He has tenderness at the amputation stump, diminished sensation, and decreased grip on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, #90, 30 day supply, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65,Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs); Gabapentin (Neurontin).

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

Decision rationale: Anti-epilepsy drugs are indicated for neuropathic pain, pain due to nerve damage. Per the guidelines Gabapentin has been considered as a first-line treatment for neuropathic pain. A trial period 3-8 weeks during which the medication is titrated is recommended. Dosing recommendations for postherpetic neuropathy starts at 300mg once/day

and increase by 300mg daily until 300mg three times per day on the 3rd day of dosing. Doses can be up to 1800mg per day in three divided doses. Diabetic neuropathy can be dosed 900-3600 mg per day in three divided dose. The medication appears to be appropriate for nerve damage from trauma and amputation. Two months' worth of medication, with appropriate upward titration, is appropriate for a trial before additional medication is approved. Because this request is for 3 months' worth of medication, approval is not recommended.