

Case Number:	CM14-0130679		
Date Assigned:	08/20/2014	Date of Injury:	09/16/2011
Decision Date:	09/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in 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 54 year old female with a reported date of injury on 09/16/2011. The mechanism of injury was continuous trauma. The injured worker's diagnoses included carpal tunnel syndrome status post bilateral release with residuals on the right, rheumatoid arthritis, right trapeziometacarpal arthritis (mild), right De Quervain tenosynovitis, and peptic ulcer disease. The injured worker's past treatment included occupational therapy, activity modifications, assistive devices/durable medical equipment in the form of braces and splints, medications, and corticosteroid injections. Diagnostic studies included a left wrist MRI on 11/15/2013, a right wrist MRI on 11/15/2013, an EMG/NCV of the upper extremities on 08/14/2013, and a repeat EMG/NCV on 05/05/2014. The injured worker's surgical history included a right carpal tunnel release on 05/10/2012 and left endoscopic left carpal tunnel release on 07/19/2012. She was evaluated again on 03/03/2014 and the clinician observed and reported tenderness to the forearm musculature, a positive Tinel's sign at the bilateral elbow and wrist, slight diminution of sensation in the median nerve distribution and slight ulnar decreased sensibility on the volar fifth digit. There was epicondylar tenderness. Tinel's and Phalen's tests were positive while Finkelstein's test was mildly positive. The injured worker reported bilateral wrist and hand pain, worse on the right, which was described as sharp and stabbing in quality, and was present all the time. The injured worker's pain was aggravated by moving the wrist and hand, twisting and turning, lifting as little as 1lb, gripping and grasping, forceful pushing and pulling, and with activities of daily living. The pain was partially relieved with rest, heat, over the counter analgesics, physical therapy, and the use of a muscle stimulator. The injured worker was seen for evaluation on 04/07/2014 where she complained of bilateral wrist pain with flexion and extension and pain in all 10 digits of bilateral hands. The clinician observed and reported positive Phalen's and Tinel's signs, and tenderness to palpation bilateral fingers. The injured

worker's medications included Vicodin, Pepcid, Gabapentin, Ranitidine, and Naproxen. The request was for Gabapentin 300 mg, one tablet 3 times a day #90 to relieve nerve pain. The request for authorization form was submitted on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, one tablet 3 times a day #90: Upheld

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

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

Decision rationale: The request for Gabapentin 300mg, one tablet 3 times a day #90 is not medically necessary. The injured worker is diagnosed with carpal tunnel syndrome status post bilateral release with residuals on the right and was found to have neuropathic pain to bilateral lower arms, wrists, hands and fingers. The California MTUS guidelines state that Gabapentin is a first-line treatment for neuropathic pain and specifies that response to Gabapentin should be at least 30-50% reduction in pain and the pain relief should be documented. Specifically, for Gabapentin, an adequate trial would be 3 to 8 weeks of titrating, and then 1 to 2 weeks at maximum tolerated dosage and the patient should be asked at each visit if there has been a change in pain or function. No documentation was provided indicating the start date of the Gabapentin, the titration schedule, the maximum dose tolerated. There is a lack of documentation specifically reporting pain relief with the maximum dosage and objective and quantified findings of functional improvement while taking Gabapentin. Therefore, the request for Gabapentin 300mg, one tablet 3 times a day, #90 is not medically necessary.