

Case Number:	CM14-0133690		
Date Assigned:	08/27/2014	Date of Injury:	11/08/2011
Decision Date:	11/05/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/20/2014

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 Texas and Oklahoma. 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 53-year-old male who reported an injury on 11/08/2011. The mechanism of injury was the injured worker was hit by a forklift while on the job. The injured worker underwent right ulnar decompression surgery and a cubital tunnel and carpal tunnel surgery. The prior treatments included physical therapy, platelet injections and a stellate ganglion block. The medications included prednisone, Lyrica, Hydrocodone, and Norco. The prior studies included an EMG. The documentation of 06/05/2014 revealed the injured worker had complete relief of pain for 1 to 2 days following the first stellate ganglion block. The physician opined that the injured worker had complex regional pain syndrome in the right upper extremity. The diagnoses included reflex sympathetic dystrophy of the right upper extremity following injury, right ulnar nerve entrapment, and status post right ulnar decompression surgery. The treatment plan included therapeutic right stellate ganglion injections, Gabapentin 600 mg per day, and topical creams. The injured worker had weaned off Norco. The injured worker was undergoing physical therapy; however, the therapy increased his pain. Additionally, the request was made for a right stellate ganglion sympathetic vertebral injection times 3. There was a lack of documented rationale for the concurrent use of gabapentin and Lyrica. The subsequent documentation of 06/26/2014 was requesting a continuation of prednisone 10 mg, Lyrica 75 mg 3 times a day, Hydrocodone, and Gabapentin 600 mg 3 times a day. The injured worker's medications included Lyrica 75 mg as of at least 03/2014. There was no rationale or detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg times 90 1 q 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized Lyrica. There was a lack of documentation of a failure of Lyrica and a lack of documented rationale for the requested use of an additional antiepileptic medication. Given the above, the request for gabapentin 600 mg times 90, 1 Q 8 hours is not medically necessary.