

Case Number:	CM14-0155312		
Date Assigned:	09/25/2014	Date of Injury:	03/08/2010
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

This is a 48-year-old female with a 3/8/10 date of injury; the mechanism of the injury was not described. The patient was seen on 8/25/14 with complaints of unchanged aching and burning pain in the shoulders and hands, right more than left. The patient rated the pain 9/10 without pain medications and 7/10 with pain medications and she denied any new symptoms or neurological changes since her last visit. Exam findings revealed diminished sensation in the right dorsum of the hand with allodynia, otherwise the sensation was intact. There was mild swelling in the dorsum of the right hand. The motor strength was 5/5 in the left upper extremity and 4+/5 in the right hand. The patient was noted to be on Ambien, Gabapentin, Cymbalta, Zipsor and Tylenol. The diagnosis is chronic cervicalgia, myofascial pain, right upper extremity complex regional pain syndrome and carpal tunnel syndrome. Treatment to date: medications. An adverse determination was received on 9/9/14. The request for Gabapentin 600mg #180 with 2 refills was modified to 1 prescription of Gabapentin 600mg #180 with no refills given that the patient was receiving the maximum dose of Gabapentin and that multiple refills were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg tabs #180 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Anti-epileptic drugs Gabapentin Page(s): 16-18, 49).

Decision rationale: CA MTUS 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. The patient was noted to be on the highest dose of Gabapentin and did not report any side effects from the medications. However, there is no rationale with regards to the necessity for an additional refill for the patient given, that the progress notes indicated that the patient was seen by the physician on a monthly basis. Therefore, the request for Gabapentin 600mg tabs #180 with 2 refills was not medically necessary.