

Case Number:	CM14-0179077		
Date Assigned:	11/03/2014	Date of Injury:	12/05/2001
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 (IW) is a 60-year-old woman with a date of injury of December 5, 2001. She was injured as a result of a fall. She developed a fracture of the left forearm and subsequently developed RSD. She did undergo initial conservative care. Pursuant to the most recent progress note date November 17, 2014, the IW is reporting 5/10 pain in the upper extremity and describes neuropathic symptoms associated with the pain. She states the pain decreases to 3/10 with Gabapentin. Physical examination reveals cervical spine mobility is functional. Lumbosacral spinal movements are full. Sensory changes are noted in the arm. Skin turgor is normal. Skin color is intact. The IW is diagnosed with reflex sympathetic dystrophy of the upper extremities. The Injured Worker (IW) is taking Gabapentin 600mg and reports good relief. She has previously tried Lyrica and failed. She has previously tried to decrease Gabapentin, but the pain and paresthesia increased and she was not able to complete her full work week with use of a lower dose. Treatment plan includes the continuation of Gabapentin 600mg 5 daily as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Official Disability Guidelines, Gabapentin 600 mg #150 with two refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker has been on Gabapentin since 2003. The follow-up progress notes are generic in terms of the injured worker's response. The notes state that she is doing well on the medications. There is no objective measurements of functional improvement documented in the medical record. There are only subjective responses. Consequently, based on the duration of gabapentin use and the lack of objective functional improvement, Gabapentin is not medically necessary. The gabapentin should be weaned accordingly, based on the injured workers needs. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Gabapentin 600 mg #150 with two refills is not medically necessary.