

Case Number:	CM14-0184622		
Date Assigned:	11/12/2014	Date of Injury:	01/28/2010
Decision Date:	12/15/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 40-year-old woman with a date of injury of January 28, 2010. She reported experienced discomfort to her wrist, elbow, and shoulder over a 2-3 week period. Previous treatments have included physical therapy (44 sessions), medications, and prior revision of tennis elbow release and radial nerve decompression. Pursuant to a progress note dated October 13, 2014, the IW complains of right elbow pain rated 8/10. She describes the pain as aching to her right elbow and her right wrist. She feels needle-pricking sensation to her right elbow. She has numbness in her right forearm. Physical examination revealed erythema essentially resolved, and rotation is full. There was no purulence. The IW was diagnosed with pain in joint involving upper arm; elbow pain; status post revision tennis elbow release; and radial nerve decompression. Current medications include Norco 10/325 mg, Soma 350 mg, Gabapentin 600 mg, Omeprazole 20 mg, Mobic 15 mg, and Voltaren gel. Documentation indicated that the IW was taking Gabapentin since at least March of 2014. Treatment plan included medication refills, a home exercise program (HEP), NSAIDs, ice, and follow-up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #90: 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
Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is an antiepileptic drug (AED). It is recommended for neuropathic pain. In this case, the injured worker is a 40-year-old woman with a date of injury January 28, 2010. Diagnoses include pain in the joint involving upper arm, elbow pain, status post revision tennis elbow release, and radial nerve decompression. Gabapentin has been prescribed as early as March 2014 in a progress note. She complains of numbness to the right forearm and difficulty straightening the right forearm. The documentation does not reflect a neuropathic etiology for the signs and symptoms exhibited by the injured worker. There is no documentation of objective functional improvement documented the medical record. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Gabapentin 600 mg #90 is not medically necessary.