MAXIMUS Federal Services

Case Number:	CM14-0192134		
Date Assigned:	11/25/2014	Date of Injury:	11/20/2000
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 60-year-old female who reported an injury on 11/28/2000. The mechanism of injury was due to repetitive work duties. Her diagnoses were listed as including allodynia, pain in joint (hand), pain in limb, and long term use of medications. Past treatments included physical therapy, massage therapy, chiropractic treatment, acupuncture, and NSAIDs. On 10/01/2014, the injured worker was seen for a follow-up and a monthly medication refill. She stated her pain level at a 6/10. The physical examination revealed mild allodynia bilaterally in the upper extremities, left greater than the right, with pain and tenderness. Muscle strength of the upper extremities was 4/5. Current medications were noted to include Lisinopril, Metoprolol Tartrate, Pravastatin sodium, Aspirin, Gabapentin, Furosemide, Trazodone Hydrochloride, Nitro stat, and Norco. The treatment plan included a urinary tox screen, refill of medications, and a Request for Authorization of an axillary block times 3. A request was received for Gabapentin 300 mg quantity of 90. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 49.

Decision rationale: The request for Gabapentin 300 mg quantity 90 is not medically necessary. The California MTUS Guidelines recommend the use of Gabapentin for neuropathic pain due to nerve damage. The clinical notes indicated that the injured worker complained of bilateral arm, hand, and wrist pain. It was reported that the pain was not relieved by conservative measures such as NSAIDs, medication, and physical therapy. However, the guidelines also state that the recommended trial for gabapentin is 3 to 8 weeks. The clinical notes indicated that the injured worker had been on gabapentin since at least 04/16/2014. As the guidelines do not recommend gabapentin for long term use, the request is not supported. Therefore, the request is not medically necessary.