

Case Number:	CM14-0023020		
Date Assigned:	05/14/2014	Date of Injury:	03/08/2013
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Family Practice 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 claimant is a 50 year old female who sustained a work injury on 3/5/13 involving the left hand. She had a diagnosis of deQuervain's tendonitis and carpal tunnel syndrome. She had received wrist injections and wore a wrist /thumb brace. She had used Ultram, Flexeril and Motrin for pain and muscle spasms. On 12/30/13 a request was made for Gabapentin 300 mg three times daily. A progress note on 4/10/14 indicated the claimant had 8/10 pain and had failed to improve with surgery, bracing, medications and injections. The physician noted that the Gabapentin had been used for several months and provided little pain relief. The treating physician increased the Gabapentin to 600 mg three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin,(Neurontin) Page(s): 18.

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

Decision rationale: In this case, the claimant had been on Gabapentin for several months with no improvement. The Gabapentin had been used for non-approved indications. The continued use at a higher dose of 600 mg three times daily is not medically necessary.