

Case Number:	CM14-0039848		
Date Assigned:	06/30/2014	Date of Injury:	01/25/2010
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 33 year old female who had a work-related injury on 01/25/10. The injury is from repetitive activities. The injured worker is currently diagnosed with severe repetitive strain injury with myofascial pain syndrome, and possible Raynaud's phenomenon and complex regional pain syndrome. Most recent medical record submitted dated 02/20/14; she continues to have significant pain in her neck and upper extremities. The cold weather has made the pain worse. The injured worker has tried deep tissue myofascial therapy and that flared her up. The injured worker is currently being seen for cognitive behavioral therapy and a chiropractor. The injured worker is tolerating her medication. Physical examination revealed discrete tender trigger points over her neck, posterior shoulders and upper extremities. Motor is intact. The injured worker was referred to a hand surgeon for consultation because of persistent marked disability. Office visit from 11/14/13 revealed pain varies between a 2-4/10 on the visual analog scale (VAS). The injured worker continues to have diffuse pain and hypersensitivity over upper extremities. She has difficulty using a computer. She is tolerating Gabapentin. There is no documentation of functional improvement. Prior utilization review on 03/04/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG # 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, 195-252, Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: The request for Gabapentin 300 mg, # 180 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of functional improvement while the injured worker was taking Gabapentin. Therefore medical necessity has not been established.