

<b>Case Number:</b>	CM14-0044857		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 62-year-old male who reported injury on 07/23/2007 due to a fall while he was walking down some stairs. The injured worker has diagnoses of lumbosacral neuritis/radiculitis, cubital tunnel syndrome, left/ulnar nerve entrapment, carpal tunnel syndrome bilaterally, sleep disturbance, digestive problems, and status post right carpal tunnel release. Past treatment includes occupational therapy and medication therapy. There were no diagnostics submitted in the report for review. The injured worker underwent carpal tunnel release of the right wrist on 10/03/2013. The injured worker complained of back pain, pain in both wrists and sleep problems. He rated his pain of the right hand an 8/10. No numbness was documented. The injured worker also stated that he had right leg pain. Physical examination dated 05/06/2014 revealed that the injured worker had a positive Tinel's and Phalen's test to the left wrist. There was a positive straight leg raise to the right. A positive Tinel's at the elbow was noted; it did not state if it was the right or left elbow. There were no motor strength or range of motion evidence submitted in the reports. Medications include Metformin 850 mg 1 tablet, metoprolol 50 mg 1 tablet, Plavix 75 mg 1 tablet, simvastatin 20 mg 1 tablet, Lisinopril 5 mg 1 tablet, glyburide 5 mg 2 tablets, gabapentin 800 mg, cyclobenzaprine, Protonix, and hydrocodone/APAP 10/325 mg. Treatment includes the scheduling of a left carpal tunnel release and the continuation of medication which includes gabapentin 800 mg. The rationale was not submitted for review. The request for authorization form was submitted on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 GABAPENTIN 800MG 1 tablet 3 TIMES A DAY FOR PAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin), page(s) 16 and 49 Page(s): 16, 49.

**Decision rationale:** The injured worker complained of back pain, pain in both wrists and sleep problems. He rated his pain of the right hand an 8/10. No numbness was documented. The injured worker also stated that he had right leg pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that Gabapentin (Neurontin) is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of any side effects. The continued use of Anti-epileptic drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Guidelines recommend for an adequate trial with gabapentin is 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dosage. If there is inadequate control of pain a switch to another first-line drug is recommended. According to the available documentation submitted, the injured worker had a history of neuropathic type pain of the back and wrists bilaterally; however, no radiating complaints were reported during the 05/16/2014 progress report. The progress note dated 02/25/2014 revealed that the injured worker had previously been on gabapentin 600 mg and there was no difference in pain level. It was not noted whether the injured worker was receiving some pain relief with the gabapentin. The submitted report also lacked any adequate control of pain. There were no levels of pain documented or improvements in function. Furthermore, the request for the gabapentin lacked a quantity. As such, the request for gabapentin 800 mg 1 tablet 3 times a day for pain is not medically necessary and appropriate.