

Case Number:	CM14-0054212		
Date Assigned:	07/07/2014	Date of Injury:	05/18/2010
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Ohio 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 51-year-old male who reported an injury on 05/18/2010. The mechanism of injury was not provided in the medical records. His diagnoses include bilateral carpal tunnel syndrome, sprain/strain of the neck, cervicgia, and right wrist internal derangement. His previous treatments include medication and injections. Per the clinical note dated 03/31/2014, the injured worker reported his current medication decreased his pain and improved his functional status. On examination of the cervical spine, the physician reported the injured worker had increased pain with range of motion, prominent right trapezius trigger points, and significant right palmar pillar tenderness. The physician's treatment recommendation was for the injured worker to continue taking the Gabapentin 600 mg by mouth 3 times daily. The physician also reported the injured worker received a palliative trigger point injection to the posterior cervical muscular and the right palmar pillar at this visit. The current request is for Gabapentin 600 mg by mouth 3 times daily to allow increased function and decrease pain. The Request for Authorization was provided on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The MTUS Guidelines state anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. The guidelines also state that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia, and has been considered as a first line treatment for neuropathic pain. Per the clinical documentation, the injured worker indicated that he was stable on his medication regimen; which has helped to decrease his pain and improve his functional ability. However, the request failed to include a frequency and quantity. As such, the request is not medically necessary.