

Case Number:	CM14-0058479		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2013
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic bilateral wrist pain reportedly associated with an industrial injury of June 28, 2013. Thus far, the applicant has been treated with the following: diagnosis of wrist fracture; open reduction and internal fixation (ORIF) of the same; and adjuvant medications. In a Utilization Review (UR) report dated April 11, 2014, the claims administrator denied a request for oral Gabapentin on the grounds that the applicant did not have any evidence of neuropathic pain which would support the provision of Gabapentin; also, denial was based on the additional grounds that the applicant had failed to improve with prior usage of Gabapentin. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant was described as having ongoing issues with chronic pain syndrome, chronic wrist pain, and posttraumatic stress disorder. The applicant was on Pepcid, Colace, Neurontin (Gabapentin), Norco, Lantus, and Naprosyn, it was stated. The applicant was diabetic, it was suggested. The applicant was status post ORIF of the left distal radial and ulnar fracture. The applicant had a body mass index (BMI) of 35. The applicant exhibited limited range of motion about the injured wrist with diminished grip strength, and muscle atrophy about the left thumb. Naprosyn, Neurontin, and a 5-pound lifting limitation were endorsed. The applicant did have diminished sensorium about the left arm, it was further noted. There was no mention of medication efficacy. The applicant underwent the ORIF surgery in question on July 12, 2013. On May 30, 2014, the applicant reported persistent complaints of 5-7/10 wrist pain. The applicant did exhibit weakness and stiffness about the wrist and was having difficulty performing numerous activities of daily living (ADLs), including driving, housekeeping, shopping, yard work, and cooking. The applicant was using Neurontin, Norco, and Naprosyn. Diminished sensorium, range of motion, and strength were all appreciated about the left wrist. A variety of

medications were refilled, including Naprosyn and Neurontin. A 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs - Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked at each visit whether there have been improvements in pain and/or function as a result of its use. In this case, however, the attending provider has not outlined the presence of any tangible benefit derived from the ongoing Gabapentin usage. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. A rather proscriptive 5-pound lifting limitation remains in place, despite ongoing usage of gabapentin. The applicant does not appear to have returned to work. Ongoing usage of Gabapentin does not appear to have diminished the applicant's reliance on Norco and Naproxen. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite the ongoing usage of Gabapentin. Therefore, this request for Gabapentin is not medically necessary.