

Case Number:	CM14-0081502		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2010
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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, 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 injured worker is a 44-year-old female with a reported industrial date of injury of April 17, 2010. According to the submitted clinical notes, the injured worker was diagnosed with work related bilateral upper extremity repetitive stress injury. The listed diagnoses are bilateral carpal tunnel syndrome, status post left carpal tunnel release in July 2013 with persistent symptoms, left carpometacarpal arthroplasty in May 2013, depression, and insomnia. It has been reported that the injured worker has been treated with oral non-steroidal anti-inflammatory drugs but she developed gastrointestinal upset. As of November 13, 2013, she was taking Gabapentin 1200 mg three times a day but on February 27, 2014, she reported that the Gabapentin was discontinued 10 days prior due to nausea and headaches. On April 24, 2014, the treating provider recommended a trial of Lyrica but on May 21, the injured worker reported inability to tolerate the Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18-19.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The injured worker was diagnosed with work related bilateral upper extremity repetitive stress injury. However, as the injured worker reported adverse effects from Gabapentin and she also reported having discontinued use of Gabapentin 10 days prior to February 27, 2014, medical necessity for the request for Gabapentin 50mg is not medically necessary.